

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (BA)

CERTIFICATE OF DEATH

★ Reg. Dist. No. 302

1. PLACE OF DEATH: Washington
County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....
Hospital, institution, or street address where death occurred: Washington Co. Hosp.
How long in hospital or institution? 11 days

3. (a) FULL NAME Thomas A. Amisley
4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widower

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) Nov. 24, 1867 8. (c) If alive, give age..... years

8. AGE: Years 78 Months 8 Days 2 If less than one day..... hrs. min.

9. Birthplace Mercersburg, Pa. R. 3
(town, county, and state)

10. Usual occupation Laborer

11. Industry or business.....

12. Name Wm. Amisley

13. Birthplace Franklin Co., Pa.

14. Maiden name Maria Criswell

15. Birthplace Franklin Co., Pa.

16. Informant Mrs. William Stenger

Address Hagerstown, Maryland

17. Burial Date thereof 6-29-46
(Burial, cremation, or removal) (month) (day) (year)

Cemetery or crematory Farview

Location Mercersburg, Pa.

18. Funeral director J. M. Hines

Address Mercersburg, Pa.

19. June 27, 1946 Registrar W. H. Powers
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Ind. County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. R. 2
(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number none

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 26 19 46 at 8:50 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from JUNE 16 19 46 to JUNE 26 19 46

and that I last saw him alive on JUNE 25 19 46

Immediate cause of death CARDIAC DILATATION ACUTE DURATION 1 Day

Due to MYOCARDITIS CHRONIC ?

Due to PROSTATIC hyper trophy ?

benign

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations none

..... Date of op.

Copy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Archie Robert Cohen M. D. on duty

Address Cleas Spring Ind. Date signed 6-26-46

STATE OF NEW YORK

IN SENATE

REPORT

RECEIVED
JUL 1 1946
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 722

CERTIFICATE OF DEATH

Dr. Victor D. Miller

06281

Reg. Dist. No. 302

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 10 yearsHospital, institution, or street address where death occurred:
George StreetHow long in hospital or institution? None

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. George Street
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

David Edward Barkman

3. (b) Social Security Number

214-09-97804. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife Pattie May6. (c) If alive, give age --- years7. Birth date of deceased (mo., day, yr.) Oct. 30 18758. AGE: Years 70 Months 7 Days 25 If less than one day --- hrs. --- min.9. Birthplace Wolfsville-Fredrick Co. Md.
(Town, county, and state)10. Usual occupation Railroad Engineer11. Industry or business Retired12. Name James R. Barkman13. Birthplace Wolfsville Md.14. Maiden name Rebecca S. Schildknecht15. Birthplace Wolfsville Md.16. Informant Mrs. Raymond HeckmanAddress Hagerstown Maryland17. Burial 6/28/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Lutheran CemeteryLocation Wolfsville Md.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.19. June 26 46 June 26, 1946
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 19 46 at 1 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 - 1946 to June 25 1946 and that I last saw him alive on June 20 1946Immediate cause of death Chronic Endocarditis
arterio-sclerosis

DURATION

Due to 1Due to ✓Other conditions ✓

(Include pregnancy within 3 months of death)

Major findings of operations ---Date of op. ---Autopsy results ---

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide --- Date of ---Where did injury occur? --- (City or town) (County) (State)Injured at home, farm, industry, public place (where?) ---Means of injury --- Injured at work? ---23. SIGNATURE Victor D. Miller M. D. or otherAddress 131 W. WASHINGTON ST. Date signed 6/26/1946

HAGERSTOWN, MD.

RECEIVED
JUN 28 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 937

CERTIFICATE OF DEATH

Dr. Porterfield

06282

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 6 Hours
 Hospital, institution, or street address where death occurred:
Washington County Hospital
 How long in hospital or institution? 6 Hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Hotel Hamilton
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

Leslie Carrington Beard

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Bessie Funk
 8.(c) If alive, give age 70 years
 7. Birth date of deceased (mo., day, yr.) March 6 1868
 8. AGE: Years 78 Months 3 Days 18 If less than one day _____ hrs. _____ min.

9. Birthplace Browns Mill Franklin Co. Pa.
 (Town, county, and state)

10. Usual occupation Newspaper Writer

11. Industry or business Retired

12. Name Nicholas Beard, Henry Cornelius

13. Birthplace Chewsville Md.

14. Maiden name Ann Powers

15. Birthplace Chewsville Md.

16. Informant Mrs. Bessie F. Beard

Address Hagerstown Md.

17. Burial 6/26/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill cemetery

Location Hagerstown Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. June 26 46 Chas H Powers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

P

20. DATE OF DEATH June 24 1946 19 46, at 6 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 23 19 46 to June 24 19 46
 and that I last saw him alive on June 24 19 46

Immediate cause of death

acute Cardiac dilatation
myocarditis chr
Arteriosclerosis

DURATION

6/24/46

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statitically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

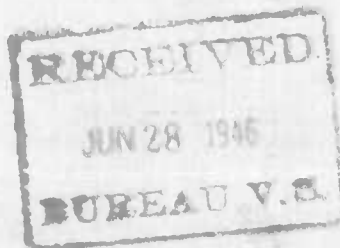
Injured at work?

23. SIGNATURE

H. L. Porterfield M.D.

M. D. or other

Address 136 W Washington Date signed 6/24/46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 320

CERTIFICATE OF DEATH

Dr. B.B.Kneisley

Reg. Dist. No. 306

1. PLACE OF DEATH:

County Washington
City or town Hagerstown R # 2
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 week
Hospital, institution, or street address where death occurred:
Layman Nursing Home
How long in hospital or institution? 1 week

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 815 Chestnut Street
(If rural, give LOCATION)
2.(a) If veteran, name war None

3. (a) FULL NAME

Mrs. Anna Bell De Bernard

3. (b) Social Security Number

216-22-8048

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widow
6.(b) Name of husband or wife Jean De Bernard
6.(c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) January 27 1889
8. AGE: Years 57 Months 4 Days 29 If less than one day _____ hrs. _____ min.

9. Birthplace Wingerton Franklin Co. Pa.
(Town, county, and state)
10. Usual occupation Hand Ironer
11. Industry or business Individual Laundry
12. Name Henry Cleusan
13. Birthplace Wingerton Pa.
14. Maiden name Emma Watson
15. Birthplace Fairfield Pa.

16. Informant Mrs. Ray Hartman
Address Hagerstown Md.
17. Burial Date thereof June 29 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Green Hill cemetery
Location Waynesboro Pa.
18. Funeral director Andrew K. Coffman
Address Hagerstown Md.

19. June 27 1946 (Date rec'd by registrar) Registrar Dr. B.B.Kneisley

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1946 19 46 at 11:30

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 1, 1945 to June 26, 1946
and that I last saw him alive on June 22, 1946

Immediate cause of death Carcinoma of urinary bladder with pelvic metastasis DURATION 4 yrs
Due to _____
Due to _____
Other conditions Tubes Dorsalis Indef

(Include pregnancy within 3 months of death)

Major findings of operations Carcinoma of urinary bladder
By Dr. I.L.Houghton Date of op. 12/8/45

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____

23. SIGNATURE B.B.Kneisley M.D.
Address 148 W. Washington St. Date signed 6/27/46

MARGIN RESERVED FOR BINDING

9-45-15

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUL 10 1946
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

66284

Reg. Dist. No. 302

1. PLACE OF DEATH:

County..... Washington
 City or town..... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 1 day
 Hospital, institution, or street address where death occurred:
Washington Co. Hospital
 How long in hospital or institution?..... 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... md. County..... Washington
 City or town..... Smithsburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... R.R.1
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Mary Carbaugh Bittner

3. (b) Social Security Number

4. Sex..... F 5. Color or race..... W 6.(a) Single, married, widowed, or divorced..... Married
 6.(b) Name of husband or wife..... Paul J. Bittner
 6.(c) If alive, give age..... 39 years
 7. Birth date of deceased (mo., day, yr.)..... June 8, 1906
 8. AGE: Years..... 40 Months..... 0 Days..... 16 hrs. min.

9. Birthplace..... Franklin Co., Penna.
 (Town, county, and state)
 10. Usual occupation..... Housewife
 11. Industry or business.....

FATHER 12. Name..... Herbert Carbaugh
 13. Birthplace..... Penna.
 MOTHER 14. Maiden name..... Curtie Stone
 15. Birthplace..... Penna.

16. Informant..... Paul J. Bittner
 Address..... Smithsburg, Md. R.R.1

17. Burial..... Date thereof..... 6-27-46
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory..... Cedar Hill
 Location..... Greencastle, Penna.

18. Funeral director..... Paul J. Bittner
 Address..... Greencastle, Pa.

19. June 15, 46 Date rec'd by registrar..... Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... June 24, 1946 at 1:25 P.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....
 and that I last saw him..... alive on.....
 Immediate cause of death.....

..... Extensive 3rd degree
 Due to..... burns to body, thighs
 and forearms
Dorsal ulcer
 Other conditions.....

(Include pregnancy within 3 months of death)
 Major findings of operations..... None
 Autopsy results..... As above
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Accident Date of..... 6/23/46
 Where did injury occur?..... Smithsburg, Wash. Md.
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where)?..... Home
 Means of injury..... Car fire exploded Injured at work?..... No

23. SIGNATURE..... Robert Wells DEPUTY MEDICAL EXAM.
 Address..... WASH. CO., MD.
 Date signed..... 6/25/46

RECEIVED

JUN 27 1946

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 157

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington County
 City or town Hagerstown Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 7 hrs.
 Hospital, institution, or street address where death occurred:
Washington County Hospital
 How long in hospital or institution? 7 hrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Downsville Md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Downsville Md.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Connie Ann Bowers

3. (b) Social Security Number

None

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female White Baby

6.(b) Name of husband or wife Baby

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14 19468. AGE: Years Months Days It less than one day 7 hrs. min.9. Birthplace Hagerstown Md.
(Town, county, and state)10. Usual occupation Baby

11. Industry or business

12. Name Lloyd Bowers Jr.13. Birthplace Downsville Md14. Melden name Doris Hall15. Birthplace Hagerstown Md.16. Informant Lloyd Bowers Jr. (father)Address Downsville Maryland17. Burial Date thereof June 15 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Greenlawn CemeteryLocation Williamsport, MarylandEdith V. Leaf

18. Funeral director

Address #7 Church St. Williamsport Md.19. June 15, 1946 Edith V. Leaf
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1946 at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 14 1946 to June 14 1946
and that I last saw her alive on June 14 1946Immediate cause of death Child born
severe hemorrhage
cause of death notDue to diseased

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Edith V. Leaf M. D. or otherAddress Williamsport Md. Date signed 6/15/46

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JUN 18 1946
BUREAU U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Wash. County Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street No. 411 Carrollton Avenue
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Male child of Foster

Burkholder

3. (b) Social Security Number

None

4. Sex Male

5. Color or race White

6.(a) Single, married, widowed, or divorced Single

B.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) June 20, 1946

6.(c) If alive, give age..... years

8. AGE: Years --- Months --- Days --- If less than one day 1 1/2 hrs. --- min.

9. Birthplace Hagerstown, Wash. Co., Md.
(Town, county, and state)

10. Usual occupation None

11. Industry or business

12. Name Foster Burkholder

13. Birthplace Md.

14. Maiden name Marguerite Cave

15. Birthplace Wash. Co., Md.

16. Informant Mrs. Marguerite Burkholder

Address 411 Carrollton Ave- Hagerstown,

17. Burial Date thereof June 21 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rest Haven Cemetery

Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

19. June 21 1946 Registrar Chas. Bowers

(Date rec'd by registrar)

MEDICAL CERTIFICATION

2D. DATE OF DEATH June 20, 1946 9:15 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6/20/46 19. to 6/20/46 19.

and that I last saw him alive on 6/20/46 19.

Immediate cause of death.....

Spontaneous

Due to (Stroke)

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE [Signature]

M. D. or other [Signature]

Address Hagerstown, Md. Date signed 6/21/46

MARGIN RESERVED FOR BINDING

VS-15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF NEW YORK

DEPARTMENT OF TAXATION

Permanently

ARTESIAN CREEK

STATE CONTENT

RECEIVED
JUN 24 1946
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

CERTIFICATE OF DEATH

Reg. Dist. No. 06287 302

1. PLACE OF DEATH: Washington
 County Hagerstown
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 years
 Hospital, institution, or street address where death occurred
54 Blossoms Avenue
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 54 Blossoms Avenue
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME Carrie Carter

3. (b) Social Security Number

4. Sex Female 5. Color or race Negro 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Madrey Carter Sr.
 7. Birth date of deceased (mo., day, yr.) 1887
 8. (c) If alive, give age _____ years

8. AGE: Years 59 Months _____ Days _____ It less than one day _____ hrs. _____ min.

9. Birthplace Charlestown W. Va.
 (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

12. Name Unknown

13. Birthplace Unknown

14. Maiden name Sadie Johnson

15. Birthplace Charlestown, W. Va.

16. Informant Madrey Carter

Address 54 Blossoms Ave.

17. Burial Date thereof 6/15/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose-Hill Cemetery

Location Hagerstown, Md.

18. Funeral director William J. Grouney

Address 291 Frederick St Hagerstown

19. June 5 46 6/15/46
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/3/46 19____ at 3 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4/14/46 19____ to 5/14/46 19____
 and that I last saw h. ER. alive on 5/14/46 19____

Immediate cause of death _____ DURATION _____

Coronary Sclerosis 2 yrs

Due to _____

Due to _____

Other conditions Generalized arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Robert H. Campbell M.D. M. D. or other

Address _____ Date signed _____

RECEIVED

JUN 7 1946

BUREAU V.I.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (6)

CERTIFICATE OF DEATH

Dr. wroth

06288

Reg. Dist. No. 302

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 17 days

Hospital, institution, or street address where death occurred:

Washington County HospitalHow long in hospital or institution? 17 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Penna. County FranklinCity or town Greencastle
(If outside city or town limits, write RURAL and give nearest town)Street No. 225 So. Washington St.

(If rural, give LOCATION)

2.(a) If veteran, name war None ✓

3. (a) FULL NAME

William M. Cline

3. (b) Social Security Number

178-16-5307

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

MaleWhiteMarried6. (b) Name of husband or wife Emma6. (c) If alive, give age 79 years7. Birth date of deceased (mo., day, yr.) October 2 18638. AGE: Years Months Days If less than one day
82 8 5 hrs. min.9. Birthplace Maugansville Wash. Co. Md.
(Town, county, and state)10. Usual occupation Carpenter11. Industry or business ---12. Name Daniel Cline13. Birthplace Maugansville Md.14. Maiden name Mary Stahl15. Birthplace Chambersburg Pa.16. Informant Ellsworth ClineAddress Greencastle Pa.17. Burial Date thereof 6/10/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Shanks CemeteryLocation near Greencastle Pa.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.19. June 8, 1946 Shank Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH June 7 1946 19. 4 at 4 P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
May 21 19. 46 to June 7 19. 46
and that I last saw him alive on June 7 19. 46

Immediate cause of death

Changone left foot

DURATION

3-4 weeksDue to Arteriosclerosis. Nephritis.
uracemia

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Perkins W. Smith Jr. M. D.Address Hagerstown, Md. Date signed 6/8/46

RECEIVED
JUN 11 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for the change of the birthdate of the deceased is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 32

CERTIFICATE OF DEATH

FILM No. I O 4 JUL 12 1946

Reg. Dist. No. 302

1. PLACE OF DEATH

County..... Washington

City or town..... Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 20 years

Hospital, institution, or street address where death occurred:

225 N. Locust St.

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Washington

City or town..... Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No..... 225 N. Locust St.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Elva Jane Clopper

3. (b) Social Security Number

4. Sex..... Female

5. Color or race..... White

6.(a) Single, married, widowed, or divorced..... Widowed

6.(b) Name of husband or wife..... John R. Clopper

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)..... August 16, 1868

8. AGE: Years..... 78 Months..... 10 Days..... 12

If less than one day..... hrs. min.

9. Birthplace..... Knoxville Frederick Md.

(Town, county, and state)

10. Usual occupation..... None

11. Industry or business..... None

12. Name..... David Winfield

13. Birthplace..... Unknown

14. Maiden name..... Susan Snyder

15. Birthplace..... Unknown

16. Informant..... Mrs. Chester Wastler

Address..... Hagerstown Md.

17. Burial..... June 30, 1946

(Burial, cremation, or removal, Which?)..... (month) (day) (year)

Cemetery or crematory..... Rhodersville Md.

Location.....

18. Funeral director..... Scott F. Minnich & Son

Address..... Hagerstown Md.

19. Date rec'd by registrar..... June 30, 1946

Registrar.....

MEDICAL CERTIFICATION

20. DATE OF DEATH..... June 28 1946 at 1:15a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 17, 1946 to June 28, 1946

and that I last saw him alive on June 28, 1946

Immediate cause of death..... Cerebral hemorrhage

DURATION..... 18 days

Other conditions..... Arterio sclerosis

(Include pregnancy within 3 months of death)

Major findings of operations..... none

Date of op.....

Autopsy results..... none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... none Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... RB Youment MD

Address..... Hagerstown Md

Date signed..... 6/28/46

RECEIVED
JUL 2 1946
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33

CERTIFICATE OF DEATH

Dr. Layman

C6290

Reg. Dist. No. 302

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 27 YearsHospital, institution, or street address where death occurred:
537 Brown AveHow long in hospital or institution? None

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 537 Brown Ave
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

Mrs. Clara Susan Crabbs

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White WidowB. (b) Name of husband or wife William J.6. (c) If alive, give age - years7. Birth date of deceased (mo., day, yr.) November 20 18608. AGE: Years Months Days If less than one day
85 5 10 hrs. min.9. Birthplace Westminster Carroll Co. Md.
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Own Home12. Name Milliam Henry Baust13. Birthplace Westminster Md.14. Maiden name Catherine Devilbiss15. Birthplace Westminster Md.16. Informant Miss Nella CrabbsAddress Hagerstown Md.17. Burial Date thereof 6/9/46

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt. View CemeteryLocation Union Bridge Md.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.19. June 8 46 Plasterboard

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1946 19 46 at 4:10 P21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 19.45 to June 7 19.46and that I last saw him alive on June 6 19.46Immediate cause of death Coronary artery diseasepresumably thromboticDURATION 5-10 yrs.

Due to

Due to

Other conditions CysticercosisReferral

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. D. Layman M.D.Address 100 Poplar St. Hagerstown, Md.Date signed 8 June 46

RECEIVED
JUN 11 1946
OFFICE OF THE
ATTORNEY GENERAL

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 88-2

CERTIFICATE OF DEATH

00291

Reg. Dist. No. 306

1. PLACE OF DEATH:

County... WashingtonCity or town... Smithsburg Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... md County... WashingtonCity or town... Smithsburg
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

William Ragen Crum

3. (b) Social Security Number

220-16-1969

4. Sex

m.

5. Color or race

w.

6.(a) Single, married, widowed, or divorced

m.

6.(b) Name of husband or wife

Mary S. Leisinger6.(c) If alive, give age 63 years

7. Birth date of

deceased (mo., day, yr.)

March 31, 1878

8. AGE:

Years

Months

Days

If less than one day

68225

hrs.

min.

9. Birthplace

Hagerstown Md.

(Town, county, and state)

10. Usual occupation

Farmer, Miller

11. Industry or business

MOTHER FATHER

12. Name

Wm. Crum

13. Birthplace

Smithsburg Md.

14. Maiden name

Mary Dayhoff

15. Birthplace

Smithsburg Md.

16. Informant

Mrs. Mary Crum

Address

Smithsburg Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

June 28, 1946
(month) (day) (year)

Cemetery or crematory

Green Hill

Location

Waynesboro Pa.

18. Funeral director

Walter J. Lane

Address

27th Church St. Waynesboro Pa.

19.

(Date rec'd by registrar)

1946

Scott Ferguson
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 24

1946

at

8A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1

1946

to

June 24

1946

and that I last saw him alive on

June 24

1946

Immediate cause of death

Heart & coronary artery disease

DURATION

Due to

arterio-sclerosis

Due to

Other conditions

✓

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

G. C. K. Miller

M. D. or other

Address

Smithsburg

Date signed

6/26/46

RECEIVED
JUL 1 1946
BUREAU V.A.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06292 19
3.4
★ Reg. Dist. No.

1. PLACE OF DEATH:

County Washington
 City or town Hancock Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? One Month
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State West Virginia County Morgan
 City or town Berkeley Springs, Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

John William Culp

3. (b) Social Security Number

NONE

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Clara M. Culp 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Nov. 27 1868
 8. AGE: Years 77 Months 6 Days 11 If less than one day _____ hrs. _____ min.

9. Birthplace Morgan Co. WVa.
 (Town, county, and state)

10. Usual occupation Farming

11. Industry or business

FATHER 12. Name Lewis Culp

13. Birthplace Morgan Co. WVa.

MOTHER 14. Maiden name Harriett Mabee

15. Birthplace Morgan Co. WVa.

16. Informant Mrs. Willis Shives

Address Hancock, Rural

17. Burial Date thereof June 11 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Green Way Cemetery

Location Berkeley Springs, WVa.

18. Funeral director Snyder-Rowland

Address Hancock, Md.

19. 6/10/46 19 _____
 (Date rec'd by Registrar) Registrar J. A. Heller

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 19 46 at 1:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 15 19 46 to June 8 19 46

and that I last saw him alive on _____ 19 _____

Immediate cause of death _____ DURATION

Chronic Myocarditis
Chronic Bronchitis
Old age
Arteriosclerosis
 (Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. A. Heller M. D. or other _____

Address Hancock Md. Date signed 6/10/46

RECEIVED
JUN 12 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06293

Reg. Dist. No.

304

1. PLACE OF DEATH:

County Washington
 City or town Rural - Hancock
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 weeks
 Hospital, institution, or street address where death occurred:
On Route 40 - 4 mi. west of Hancock
 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Pennsylvania County Allegheny
 City or town McKeesport
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1402 Craig Street
 (If rural, give LOCATION)
 2. (a) If veteran, name war — ✓

3. (a) FULL NAME

Calvin Deneen

3. (b) Social Security Number

—

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Margaret HoffmanDeneen6. (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.)

April 25, 1872

8. AGE:

Years

Months

Days

If less than one day

7422— hrs.— min.

9. Birthplace

Buck Valley, Fulton Co., Penna.
(Town, county, and state)

10. Usual occupation

Retired carpenter

11. Industry or business

—FATHER
MOTHER

12. Name

George Deneen

13. Birthplace

Buck Valley, Penna.

14. Maiden name

Elizabeth Potter

15. Birthplace

Buck Valley, Penna.

16. Informant

Mrs. Margaret H. Deneen

Address

1402 Craig St, McKeesport, Penna.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

June 27, 1946

(month) (day) (year)

Cemetery or crematory

St. Paul's Lutheran Church

Location

Rogers Heights - west of Hancock

18. Funeral director

Charles R. Best

Address

Hancock, Md.

19. Date rec'd by Registrar

6/28/46

19

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 27, 1946, at — M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 27, 1946, to June 27, 1946, and that I last saw him alive on June 26, 1946

Immediate cause of death

Cerebral hemorrh.

Due to

Arterio sclerosis

Due to

Previous stroke

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. —

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

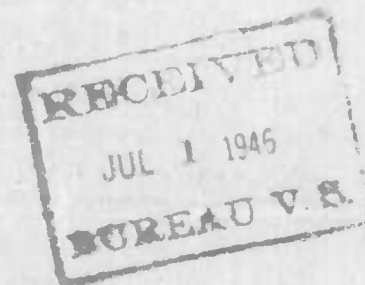
23. SIGNATURE

W. M. Shaffer M.D.
Hancock Md.

M. D. or other

Address

Date signed June 28, 1946



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bja

CERTIFICATE OF DEATH

Reg. Dist. No. 06294 302

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 40 Years

Hospital, institution, or street address where death occurred:

27 Center St.

Now long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 27 Center Street

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Vincent Fermea

3. (b) Social Security Number

220-10-3486

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Bertha Fermea

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.) January 29, 1891

8. AGE:

Years

Months

Days

If less than one day

55417

hrs.

min.

9. Birthplace Baltimore, Maryland

(Town, county, and state)

10. Usual occupation R. R. Employee

11. Industry or business

FATHER

12. Name Joseph Fermea13. Birthplace Italy

MOTHER

14. Maiden name Catherine Fermea15. Birthplace Italy16. Informant Mrs. Bertha FermeaAddress 27 Center St. Hagerstown, Md.17. Burial Date thereof June 18, 1946

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Rose Hill CemeteryLocation Hagerstown, Md.18. Funeral director F. W. KraissAddress Hagerstown, Md.19. June 17 19 46 Chas. Bowers

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 19 46 at 3 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 1942 to June 17 19 46and that I last saw him alive on June 14 19 46

Immediate cause of death

Cerebral hemorrhage

Due to

Hypertension

Due to

Chronic nephritis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

P. F. Praetner
Address Hagerstown Date signed 6/16/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 19 1946

BUREAU 78

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 300

1. PLACE OF DEATH:

County WashingtonCity or town Sharpsburg
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Sharpsburg
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3.(a) FULL NAME

Morgan Seymour Fisher

3.(b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married8.(b) Name of husband or wife Mary Lakin Fisher

6.(c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.) Oct. 25, 1859

8. AGE:

Years 86Months 7Days 15

If less than one day

hrs. _____ min.

9. Birthplace Sharpsburg-Wash. - Maryland

(Town, county, and state)

10. Usual occupation

Retired N & W.

11. Industry or business

12. Name John W. Fisher13. Birthplace Sharpsburg, Md.14. Maiden name Helen Himes15. Birthplace Sharpsburg, Md.16. Informant Mrs. Elia HamiltonAddress Sharpsburg, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 6 12 1946
(month) (day) (year)Cemetery or crematory Mt. ViewLocation Sharpsburg, Md.18. Funeral director R. I. EarnshawAddress Keedysville, Md.19. 6-11
(Date rec'd by registrar)19 46

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 19 46 at 11:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1937 19 46 to June 9 19 46and that I last saw him alive on June 9, 1946

Immediate cause of death

Carcinoma of the prostate

DURATION

10 Yrs.

Due to

Due to

Other conditions Metastases to spine
and abdomen

(Include pregnancy within 3 months of death)

Major findings of operations Transurethral resection
about 5 yrs ago. Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE

M. D. or other

Address Sharpsburg, Md. Date signed 6/10/46

RECEIVED
JUL 9 1946
BUREAU V B

(I)

MARGIN RESERVED FOR BINDING

(H)

PRINTED WITH UNFADING INK. Supply every item of information carefully. The correct age causes of death

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06295

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 Days
Hospital, institution, or street address where death occurred:
Washington county hospital
How long in hospital or institution? 3 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
City or town Maugansville
(If outside city or town limits, write RURAL and give nearest town)
Street No. None
(If rural, give LOCATION)
2.(a) If veteran, name war None

3.(a) FULL NAME

Mrs. Martha Lucille Foster

3.(b) Social Security Number

None

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife Charles S.
6.(c) If alive, give age 45 years
7. Birth date of deceased (mo., day, yr.) February 9 1902
8. AGE: Years 44 Months 3 Days 25 If less than one day hrs. min.

9. Birthplace Nanty-Glo Cambria Co. Pa.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Own Home
12. Name William Hopkins
13. Birthplace Wales
14. Maiden name Mary Robinson
15. Birthplace England

16. Informant Charles S. Foster
Address Maugansville Md.
17. Burial Wells Valley U.B. Cemetery
(Burial, cremation, or removal. Which?) Date thereof 6/6/46
(month) (day) (year)
Cemetery or crematory Wells Valley Pa.
Location Andrew K. Coffman
18. Funeral director Hagerstown Md.
Address

19. June 5, 46 Registrar Chas. Bowers
(Date rec'd by registrar)

MEDICAL CERTIFICATION

2D. DATE OF DEATH June 4 1946 at 7.20 P
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 2 1946 to June 4 1946
and that I last saw her alive on June 4 1946

Immediate cause of death Pulmonary Embolism
Due to following blood
Due to thrombosis
Other conditions None
(Include pregnancy within 3 months of death)

Major findings of operations None
Date of op. None

Autopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide None Date of None
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) None
Means of injury None Injured at work? None

23. SIGNATURE W. J. Smith
Address Hagerstown Md. M. D. or other None
Date signed 6/6/46

RECEIVED
JUN 7 1946
BUREAU V F

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 119-01

CERTIFICATE OF DEATH

06297

20



Reg. Dist. No. 304

1. PLACE OF DEATH:

County WashingtonCity or town Hancock
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 8 Months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hancock
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3.(a) FULL NAME

Connie Jayne Fox

3.(b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife

B.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) October 1 1945

8. AGE:

Years

Months

Days

If less than one day

088

.....hrs.

.....min.

9. Birthplace Hagerstown, Md.

(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER
MOTHER12. Name Gilbert Fox13. Birthplace Morgan Co WVa.14. Maiden name Mary Jayne Mason15. Birthplace Hancock, Md.16. Informant Gilbert FoxAddress Hancock, Md.17. Burial Date thereof June 12 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Alpine United BrethrenLocation Near Hancock, Md.18. Funeral director Snyder - RowlandAddress Hancock, Md.19. 6-10-46
(Date rec'd by registrar)Registrar J. M. Heller

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1946 at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 7 1946 to June 9 1946
and that I last saw him dead June 9 1946

Immediate cause of death

DURATION

Due to Asphyxia in parturition

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

M. D. or other

Address Hancock Md Date signed 6/10/46

RECEIVED

JUN 12 1946

BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Victor Miller

06298

783

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 18 days

Hospital, institution, or street address where death occurred:

Washington County HospitalHow long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State District of ColumbiaCity or town Washington
(If outside city or town limits, write RURAL and give nearest town)Street No. 79 U St N.W.

(If rural, give LOCATION)

None2.(a) If veteran, name war -

3. (a) FULL NAME

Premature Child of Albert E. Furr

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single6. (b) Name of husband or wife ---6. (c) If alive, give age --- years

7. Birth date of

deceased (mo., day, yr.)

May 15 1946

8. AGE:

Years

Months

Days

If less than one day

--19

hrs.

min.

9. Birthplace

Hagerstown wash. Co. Md.

(Town, county, and state)

10. Usual occupation

None11. Industry or business -

MOTHER FATHER

12. Name

Albert E. Furr

13. Birthplace

Concord No. Carolina

14. Maiden name

Vivian B. Turner

15. Birthplace

Hagerstown Md.

16. Informant

Albert E. Furr

Address

Washington D.C.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

6/7/46

(month) (day) (year)

Cemetery or crematory

Rose Hill Cemetery

Location

Hagerstown Md.

16. Funeral director

Andrew K. Coffman

Address

Hagerstown Md.

19. June 7

(Date rec'd by registrar)

19. 46

Blas H. Powers

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1946 19 46 at 10 ^P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 15 19 46 to June 2 19 46
and that I last saw her alive on June 2 19 46

Immediate cause of death

Premature Birth (6 mos.)

DURATION

Due to

undetermined - mother found

Due to

Shin's Position - Misadventure with

Due to

2 hits - impossible to obtainOther conditions shock to blood.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Victor Miller

M. D. or other

Address Hagerstown Md.Date signed 1946

RECEIVED

JUN 10 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06299

Reg. Dist. No. 303

1. PLACE OF DEATH:

County WashingtonCity or town Big Pool Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Seven Years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Big Pool Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Ella Gehr

3. (b) Social Security Number

NONE

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Daniel Gehr

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Feb. 2 18538. AGE: Years Months Days If less than one day
93 4 6 _____ hrs. _____ min.9. Birthplace Washington Co.
(Town, county, and state)10. Usual occupation Home Work

11. Industry or business

12. Name John R. Steel13. Birthplace Washington Co.14. Maiden name Mary Forsyth15. Birthplace Washington Co.16. Informant Raymond GehrAddress Big Pool Rural17. Burial Date thereof June 11 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Lutheran CemeteryLocation Clearspring, Md.18. Funeral director Snyder- RowlandAddress Clearspring, Md.19. June 11 46 Joseph W. Murray
(Date rec'd by registrar) (month) (day) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1946 at 8:30 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1944 to June 8, 1946
and that I last saw her alive on June 3, 1946

Immediate cause of death

Chr. Myocardial Sclerosis

DURATION

4 yrs.

Due to

Due to

Other conditions Chr. Cerebral Sclerosis 2 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE David P. Brewer M.D.Address Clear Spring Md. M. D. or otherDate signed 6/10/46

RECEIVED
JUN 21 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Earl Young 06300

Reg. Dist. No. 302

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 34 years

Hospital, institution, or street address where death occurred:

15 East AveHow long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 15 East Ave

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

H. Hammond Gross

3. (b) Social Security Number

214-09-0635

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married8. (b) Name of husband or wife Hattie M.B. (c) If alive, give age 69 years7. Birth date of deceased (mo., day, yr.) November 19 18758. AGE: Years Months Days If less than one day
70 6 15 hrs. min.9. Birthplace Funkstown wash. Co. Md.
(Town, county, and state)10. Usual occupation Desk Clerk11. Industry or business Maryland Hotel12. Name Dr. Boteler Gross13. Birthplace Catoctin Md.14. Maiden name Anna Hammond15. Birthplace Libertytown Md.16. Informant Henri H. GrossAddress Hagerstown Md.17. Burial Date thereof 6/7/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rest Haven CemeteryLocation Hagerstown Md.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.19. June 5, 46 Phas H. Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

P

20. DATE OF DEATH June 4 1946 19 at 11 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

5/30/46 19 to 6/4/46 19and that I last saw him alive on 6/4/46 19

Immediate cause of death

DURATION

Cerebral Hemorrhage 4 days

Due to

Due to

Other conditions

Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Earl Young M. D. or otherAddress Hagerstown Md. Date signed 6/5/46

RECEIVED

JUN 7 1946

BUREAU V.F.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 922

CERTIFICATE OF DEATH

06301

Reg. Diat. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 years
 Hospital, institution, or street address where death occurred:
703 Oak Hill Ave
 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 703 Oak Hill Ave
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

Mrs. Ida M. Guessford

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow
 6. (b) Name of husband or wife John M.
 6. (c) If alive, give age - years
 7. Birth date of deceased (mo., day, yr.) November 5 1867
 8. AGE: Years 78 Months 7 Days 5 If less than one day - hrs. - min.
 9. Birthplace Hagerstown wash. Co. Md.
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business Own Home
 12. Name Andrew Boward
 13. Birthplace Hagerstown Md.
 14. Maiden name Malinda Petre
 15. Birthplace Hagerstown Md.

16. Informant Miss Linnie Guessford
 Address Hagerstown Md.
 17. Burial Date thereof 6/11/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Rose Hill Cemetery
 Location Hagerstown Md.
 18. Funeral director Andrew K. Coffman
 Address Hagerstown Md.
 19. June 11 1946 Victor D. Miller
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1946 19 46 P
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 15 1946 to June 9 1946
 and that I last saw him alive on June 7 1946
 Immediate cause of death arterio sclerosis
chronic endocarditis
gangrene left lower leg 4 days
thrombosis of superficial veins
 Other conditions -

DURATION

(Include pregnancy within 3 months of death)

Major findings of operations - Date of op. -
 Autopsy results -
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -
 Where did injury occur? - (City or town) - (County) - (State)
 Injured at home, farm, industry, public place (where?) -
 Means of injury - Injured at work? -

23. SIGNATURE V. D. Miller M. D. or other -
 DR. VICTOR D. MILLER, 6/10/46
 Address 129 W. Washington St. Date signed 6/10/46

RECEIVED

JUN 13 1946

BUREAU V &

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (4-2) ✓

06302

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6 Weeks

Hospital, institution, or street address where death occurred:

Hill Crest Rest HomeHow long in hospital or institution? 6 Weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Penna. County Franklin Co.City or town Chambersburg
(If outside city or town limits, write RURAL and give nearest town)Street No. 421 West King St.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Luther Bowers Hafer3. (b) Social Security Number
None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Anna Hafer7. Birth date of deceased (mo., day, yr.) Jan. 1870

6. (c) If alive, give age _____ years

8. AGE:

Years

76

Months

4

Days

If less than one day

_____ hrs.

_____ min.

9. Birthplace Franklin Co. Penna.
(Town, county, and state)10. Usual occupation Retired Minister

11. Industry or business

12. Name David Hafer13. Birthplace Penna.14. Maiden name Sarah Ann Bowers15. Birthplace Penna.16. Informant George W. HaferAddress 421 W. King St. Chambersburg, Pa.17. Burial Date thereof June 4, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Spring Grove CemeteryLocation Laymaster, Penna.18. Funeral director Paul KraissAddress Chambersburg Penna.19. June 1 19 46
(Date rec'd by registrar)

Registrar

23. SIGNATURE

Chas H Bowers
Address 230 N P St

M. D. or other

Date signed 1 June 46

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1, 1946 19 46 6:00 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
23 May 19 46 to 1 June 19 46
and that I last saw him alive on 31 May 19 46

Immediate cause of death

Carcinoma Transverse Colon
Metastasis Liver

DURATION

Few months

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

MARGIN RESERVED FOR BINDING

VS A15 9-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

39611

UNITED STATES GOVERNMENT

DEPARTMENT OF THE ARMY

Personal

ARTESIAN LEADER

RAG CLOTH

RECEIVED
JUN 5 1946
BUREAU V.N.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for the addition of father's and mother's name and birthplace is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 490 ✓

66303

108

FILM No. 104 JUN 12 1946

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: Washington
County: Hagerstown
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 60 years
Hospital, institution, or street address where death occurred:
Washington County Hospital
How long in hospital or institution? 5 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 10 Hill Crest Rd.
(If rural, give LOCATION)
2. (a) If veteran, name war: -----

3. (a) FULL NAME

Clara A. Haines

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed
6. (b) Name of husband or wife: Elliott Haines Sr.
6. (c) If alive, give age: ----- years
7. Birth date of deceased (mo., day, yr.): Aug. 28, 1876
8. AGE: Years: 69 Months: 9 Days: 10 It less than one day: ----- hrs. ----- min.

9. Birthplace: Near Welsh Run Franklin Co.
(Town, county, and state)
10. Usual occupation: None
11. Industry or business: None

FATHER
12. Name: Nicholas Shroder
13. Birthplace: Welsh Run, Pa.
MOTHER
14. Maiden name: Susan Hildebrand
15. Birthplace: Benevola, Maryland

16. Informant: Mr. Elliott Haines Jr.
Address: Hagerstown Md.

17. Burial: June 10, 1946
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemetery or crematory: Rose Hill Cemetery
Location: Hagerstown Md.

18. Funeral director: Scott F. Minnich & Son
Address: Hagerstown Md.

19. June 10 1946
(Date rec'd by registrar) Registrar: [Signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 8 1946 at 8:10 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 9 1946, to June 8 1946
and that I last saw her alive on June 8 1946

Immediate cause of death: Carcinoma of Vagina with generalized metastasis
DURATION: 6 mo.

Due to: -----
Other conditions: Chr. myocarditis with Cardiac Hypertrophy
(Include pregnancy within months of death)
DURATION: 5 yrs

Major findings of operations: -----
Date of op. -----

Autopsy results: -----
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ----- Date of -----
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: ----- Injured at work? -----

23. SIGNATURE: G. H. Brickley M.D.
Address: Hagerstown Md.
Date signed: 6/10/46

RECEIVED
JUN 12 1946
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (4)

CERTIFICATE OF DEATH

66304

Reg. Dist. No. 302

1. PLACE OF DEATH: Washington

County.....

City or town..... Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 3 weeks

Hospital, institution, or street address where death occurred:

42 West Side Avenue

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Virginia County..... Rockingham

City or town..... Elkton

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Alice J. Hammers

3. (b) Social Security Number

None

4. Sex..... Female 5. Color or race..... White 6. (a) Single, married, widowed, or divorced..... Widow

6. (b) Name of husband or wife..... Frank P. Hammers Sr.

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)..... Dec. 22, 1870

8. AGE: Years..... 75 Months..... 5 Days..... 25 If less than one day..... hrs. min.

9. Birthplace..... Rockbridge Co., Va.

(Town, county, and state)

10. Usual occupation..... Home Duties

11. Industry or business

12. Name..... Euriiah Carr

13. Birthplace..... Rockbridge Co., Va.

14. Maiden name..... Nancy Painter

15. Birthplace..... Rockbridge Co., Va.

16. Informant..... Mrs. G. W. Wyant

Address..... 42 West Side Ave.- Hagerstown, Md.

17. Burial Date thereof..... June 19-46

(Burial, cremation, or removal. Which?)

Cemetery or crematory..... Elk Run Cemetery

Location..... Elkton, Va.

18. Funeral director..... Fred W. Kraiss

Address..... Hagerstown, Md.

19. June 17, 1946 Registrar

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... June 16, 1946 19. 8:40 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

6-14-46 19. to 6-16-46 19.

and that I last saw him alive on 6-14-46 19.

Immediate cause of death.....

Chn. Myocarditis

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE.....

M. D. or other

Address..... Date signed.....

RECEIVED

JUN 19 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

302

1. PLACE OF DEATH:

County.....Washington
 City or town.....Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....9 days
 Hospital, institution, or street address where death occurred:
Washington Co. Hospital
 How long in hospital or institution?.....9 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....Penna. County.....Franklin
 City or town.....Mecersburg R.R.2
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....Near Welsh Run
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Florence Katherine Hawbaker

3. (b) Social Security Number

4. Sex.....F 5. Color or race.....W 6.(a) Single, married, widowed, or divorced.....Widowed
 6.(b) Name of husband or wife.....Samuel Hawbaker
 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.).....December 11, 1869
 8. AGE: Years.....86 Months.....6 Days.....6 If less than one day..... hrs. min.

9. Birthplace.....Franklin Co., Pa.
 (Town, county, and state)
 10. Usual occupation.....Housewife
 11. Industry or business.....
 12. Name.....Daniel Stahl
 13. Birthplace.....Penna.
 14. Maiden name.....Malinda Renner
 15. Birthplace.....Penna.

16. Informant.....Luther Hawbaker
 Address.....Mecersburg Pa. R.R.2
 17. Burial.....Burial Date thereof.....6-30-46
 (Burial, cremation, or removal. Which?)..... (month) (day) (year)
 Cemetery or crematory.....Church of the Brethern
 Location.....Near Welsh Run
 18. Funeral director.....Jacob A. Vetter
 Address.....Greencastle, Pa.
 19. Date rec'd by registrar.....June 18. 46 Registrar.....Beast Powers

MEDICAL CERTIFICATION

20. DATE OF DEATH.....6/17/46 at.....5:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....6/8. 19. 46 to.....6/17. 19. 46
 and that I last saw her..... alive on.....6/17/46 19.....

Immediate cause of death.....Cerebral Arteriosclerosis (?) DURATION.....6 hours
 Due to.....Generalized arteriosclerosis Unknown
 Due to.....Arteriosclerotic Heart Disease Unknown
 Other conditions.....Arteriosclerotic Heart Disease Unknown
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....
 Autopsy results.....Not done
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town)..... (County)..... (State)
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?

23. SIGNATURE.....John H. Hawbaker M. D. or other
 Address.....104 W. Washington St. Date signed.....6/19/46

RECEIVED

JUN 20 1946

BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 5.

CERTIFICATE OF DEATH

06306

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 11 Years
Hospital, institution, or street address where death occurred:
19 1/2 North Foundry St.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 19 1/2 North Foundry St.
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

Catherine Marie Head

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Henry Eugene Head

6. (c) If alive, give age 38 years
7. Birth date of deceased (mo., day, yr.) June 12, 1918

8. AGE: Years 27 Months 11 Days 21 If less than one day
.....hrs.min.

9. Birthplace Mapleville, Wash. Co. Md.
(Town, county, and state)

10. Usual occupation Home Duties

11. Industry or business

12. Name John Dick

13. Birthplace Mt. Lena, Maryland.

14. Maiden name Nora Rowe

15. Birthplace Maryland.

16. Informant Henry Eugene Head

Address 19 1/2 N. Foundry St. Hagerstown, Md.

17. Burial Date thereof June 4, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt. Lena Cemetery

Location Mt. Lena, Maryland.

18. Funeral director Fred W. Kraiss

Address Hagerstown, Maryland.

19. June 4 1946 Registrar Blackthorn

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1, 1946 at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 1st to June 1st 1946

and that I last saw him alive on May 27th 1946

Immediate cause of death

Due to Amnesia -

Due to Leues -

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Edward P. White M. D. or other

Address Hagerstown Md Date signed 6/3/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

9-45-1

RECEIVED
JUN 6 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition of
date of death is shown on
Film No. 106 - 7/24/46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 232

CERTIFICATE OF DEATH

06307

Reg. Dist. No. 302

1. PLACE OF DEATH: **Washington**
County **Washington**
City or town **Hagerstown**
(If outside city & town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
Washington Co. Hospital
How long in hospital or institution? **1 Hour**

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State **Maryland** County **Washington**
City or town **Hagerstown**
(If outside city & town limits, write RURAL and give nearest town)
Street No. **513 W. Church St.**
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME

Abram L. Hoover

3.(b) Social Security Number

217-10-2974

4. Sex **Male** 5. Color or race **White** 6.(a) Single, married, widowed, or divorced **Married**
6.(b) Name of husband or wife **Lilly M. Hoover**
6.(c) If alive, give age **62** years
7. Birth date of deceased (mo., day, yr.) **April 23 1882**
8. AGE: Years **64** Months **2** Days **0** hrs. min.
9. Birthplace **Hagerstown, Washington Co. Md**
(Town, county, and state)
10. Usual occupation **Cabinet Maker**
Brandt Cabinet Works
11. Industry or business
12. Name **Abram Hoover**
13. Birthplace **Hagerstown, Md**
14. Maiden name **Alice C.**
15. Birthplace **Hagerstown, Md**
16. Informant **Mrs A. L. Hoover**
Address **Hagerstown Md**

17. **Burial** Date thereof **June 26 1946**
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory **Rest Haven**
Hagerstown, Md
Location **C. M. Suter & sons**
18. Funeral director **Hagerstown, Md**
Address
19. **June 25 1946** Date rec'd by registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **June 24, 1946** at **11:45 P. M.**
21. I CERTIFY that death occurred on the date above stated; that I attended deceased for **14** days, and that I last saw him **alive** on **June 23 1946**
Immediate cause of death **Coronary Thrombosis**
DURATION
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?
23. SIGNATURE **Dr. J. B. Suter** M. D. Address **Hagerstown, Md** Date signed **June 24 1946**

RECEIVED
JUN 27 1946
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06308

Reg. Dist. No.

1. PLACE OF DEATH:

County Washington
 City or town Big Spring Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 28 Years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Big Spring Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Lawrence James Hull

3. (b) Social Security Number

NONE

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Susan Hull
 6.(c) If alive, give age 73 years
 7. Birth date of deceased (mo., day, yr.) October 15 1869
 8. AGE: Years 76 Months 8 Days 2 If less than one day
 9. Birthplace Washington County
 (Town, county, and state)
 10. Usual occupation Farming
 11. Industry or business

12. Name Daniel Hull
 13. Birthplace Washington County
 14. Maiden name Isabell Mills
 15. Birthplace Washington County
 16. Informant Mrs. Paul Shank
 Address Clearspring, Md.
 17. Burial Date thereof June 19 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory St Pauls Cemetery
 Location Near Clearspring, Md.
 18. Funeral director Snyder- Rowland
 Address Clearspring, Md.

19. June 19 1946 (Date rec'd by registrar)
 Registrar Joseph W. Murray

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1946 at 39 M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 43 to June 17 1946
 and that I last saw him alive on June 6 1946
 Immediate cause of death Chr. Myocarditis
Died in sleep.
 DURATION
 Due to
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE David G. Brewer M.D.
Clear Spring Md. M.D. or other
 Address Date signed 6/18/46

RECEIVED
JUN 21 1946
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 82

CERTIFICATE OF DEATH

66309

Reg. Dist. No. 302

1. PLACE OF DEATH

County... Washington
 City or town... Funkstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 40 years
 Hospital, institution, or street address where death occurred:
Green St.
 How long in hospital or institution? at home

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Washington
 City or town... Funkstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... Green St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war... none

3. (a) FULL NAME

Frank Oliver Kendall

3. (b) Social Security Number

214-09-5990

4. Sex Male 5. Color of race White 6. (a) Single, married, widowed, or divorced Married
 B. (b) Name of husband or wife Isaac Kendall
 6. (c) If alive, give age... years
 7. Birth date of deceased (mo., day, yr.) January 22 - 1879
 8. AGE: Years 67 Months 4 Days 19 If less than one day... hrs. ... min.

9. Birthplace... Wash. Co. md.
 (Town, county, and state)
 10. Usual occupation... Watchman
 11. Industry or business Paugbore Corp.
 12. Name... David A. Kendall
 13. Birthplace Wash. Co. md.
 14. Maiden name Helen Clark
 15. Birthplace Wash. Co. md.

16. Informant Mrs. Isaac Kendall
 Address Funkstown md.
 17. Burial Church of the Brethren Cent.
 (Burial, cremation, or removal. Which?) Date thereof June 14, 1946
 (month) (day) (year)
 Cemetery or crematory Beaver Creek md.
 Locallon Clay E. East Sons
 18. Funeral director Boonsboro md.
 Address

19. June 13, 1946 Greath/Bowers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... June 11 19 46, at 8:00 P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 10 19 43 to June 11 19 46
 and that I last saw him alive on June 11 19 46

Immediate cause of death Hypostatic Pneumonia DURATION 6/6/46

Due to multiple sclerosis 9/10/43

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations... Date of op.

Autopsy results...
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide... Date of
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE H. Porterfield M.D.
 M. D. or other

Address 136 W. Washington Date signed 6/13/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 15 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 57-2

CERTIFICATE OF DEATH

6310

Reg. Dist. No. 302

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 44 days

Hospital, institution, or street address where death occurred:

Washington County HospitalHow long in hospital or institution? 44 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hancock
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Samuel A. Kerns

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Single

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) February 28, 18988. AGE: Years Months Days If less than one day
48 3 11 _____ hrs. _____ min.9. Birthplace near Hancock, Washington Co., Md.
(Town, county, and state)10. Usual occupation Orchard worker

11. Industry or business _____

12. Name Robert E. Kerns13. Birthplace near Hancock, Md.14. Maiden name Jessie Deagan15. Birthplace near Hancock, Md.16. Informant Mrs. Jessie D. KernsAddress 4021 Kansas Ave, Washington, D.C.17. Burial Date thereof June 11, 1946
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Mount OlivetLocation 4 mi. West of Hancock on Route 4018. Funeral director Charles R. BastAddress Hancock, Md.19. June 10 46 Charles R. Bast
(Date rec'd by registrar) RegistrarMEDICAL CERTIFICATION E.D.S.T.2D. DATE OF DEATH June 8 1946 at 1:10 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19____, to _____ 19____ and that I last saw him _____ alive on _____ 19____

Immediate cause of death _____
cause to be supplied at laterDue to _____ date _____
Tumor, unqualified, of pancreasOther conditions Chronic peritonitis, curable
(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide No Date of _____Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

DEPUTY MEDICAL EXAM.
A. Robert Wells WASH. CO., MD.23. SIGNATURE A. Robert Wells M. D. or other
Address Hagerstown, Md. Date signed 6/10/46

RECEIVED
JUN 12 1946
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-D

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County..... Washington
 City or town..... Hagerstown, Maryland
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... Life
 Hospital, institution, or street address where death occurred:

321 Linganore Avenue

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Washington

City or town..... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 321 Linganore Avenue
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

David H. Lawrence

3. (b) Social Security Number

217-16-2587

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife..... Carrie V. Lawrence

6. (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) July 4, 1888

8. AGE: Years Months Days If less than one day
57 11 23 hrs. min.

9. Birthplace..... Hagerstown, Wash. Co. Md.
 (Town, county, and state)

10. Usual occupation..... Retired Jigger

11. Industry or business

FATHER 12. Name..... John Lawrence
 13. Birthplace..... Hagerstown, Maryland

MOTHER 14. Maiden name..... Sarah Baker
 15. Birthplace..... Hagerstown, Maryland

16. Informant..... Mrs. David Lawrence

Address..... Hagerstown, Maryland

17. Burial Date thereof 6-30-46
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... St. Paul Cemetery

Location..... Western Pike, Maryland

18. Funeral director..... C. M. Suter & Sons

Address..... Hagerstown, Maryland

19. June 29 1946 Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH..... 27 June 46..... 19..... at 8 P..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
1 Month..... 19 46 to 27 June..... 19 46
 and that I last saw him..... alive on 26 June..... 19 46

Immediate cause of death..... arterio-sclerotic heart disease with
hypertension..... DURATION..... unknown

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... J. J. Lusk..... M. D. or other

Address..... 230 N. Main..... Date signed..... 29 June 46

RECEIVED
JUL 2 1946
BUREAU V.C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06312

Reg. Dist. No.

306

1. PLACE OF DEATH:

County Washington
 City or town Smithsburg, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Water Street, Smithsburg
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Smithsburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Water Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3.(a) FULL NAME

Sadie G. Leather

3.(b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Elmer S. Leather
 6.(c) If alive, give age 57 years
 7. Birth date of deceased (mo., day, yr.) September 24, 1883
 8. AGE: Years 62 Months 8 Days 11 If less than one day
 hrs. min.

9. Birthplace Cavetown, Wash. Co. Md.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name George Pound
 13. Birthplace Cavetown, Maryland

MOTHER 14. Maiden name Sarah E. Oswald
 15. Birthplace Cavetown, Maryland

16. Informant Elmer Leather
 Address Smithsburg, Maryland

17. Burial Date thereof 6-6-46
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Smithsburg Cemetery
 Location Smithsburg, Maryland

18. Funeral director C. M. Suter & Sons
 Address Hagerstown, Maryland

19. Date signed by registrar June 10, 1946
 Registrar Geo. W. Ferguson

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7, 1946 at 6:15 M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10, 1945 to June 4, 1946
 and that I last saw him alive on June 4, 1946

Immediate cause of death Heart failure of obstructive origin
 Due to hypertension of
arteries
 Due to 10 hrs
18 hrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. G. K. Ockler M. D. or other

Address Smithsburg Date signed 6/7/46

MARGIN RESERVED FOR BINDING

VS A16

9-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 10 1946

BUREAU V E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

CERTIFICATE OF DEATH

06313

Reg. Dist. No. 302

1. PLACE OF DEATH:

County WashingtonCity or town Rural Hagerstown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Hagerstown RD 4
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

David B. Lehman

3. (b) Social Security Number

None

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widowed6. (b) Name of husband or wife Sara Hege

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

Mar. 1st 1871

8. AGE:

Years

Months

Days

If less than one day

75314

hrs.

min.

9. Birthplace

Franklin Co. Pa.
(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

FATHER
MOTHER

12. Name

John D. Lehman

13. Birthplace

Franklin Co. Pa.

14. Maiden name

Barbra Bomberger

15. Birthplace

Franklin Co. Pa.

16. Informant

J. Irvin Lehman

Address

Chambersburg Pa. P. O. 6.17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

6/18/46
(month) (day) (year)

Cemetery or crematory

Methodist Church

Location

Marion Pa.

19. Funeral director

Wm David Martin

Address

Freencastle Pa.19. June 17 19 46
(Date rec'd by registrar)

Registrar

Chas H Bowers

MEDICAL CERTIFICATION

20. DATE OF DEATH from 15-46 19. at 2:10 M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 15-46 19. to June 15-46and that I last saw him alive on June 15-46 19.

Immediate cause of death

DURATION

Due to

Coronary Thrombosis2 hrs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed 9/17/46

RECEIVED
JUN 19 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Ditto

06314

Reg. Dist. No. 302

1. PLACE OF DEATH:

County... WashingtonCity or town... Hagerstown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 26 Years

Hospital, institution, or street address where death occurred:

560 salem AveHow long in hospital or institution? --

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town... Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 560 salem Ave

(If rural, give LOCATION)

2.(a) If veteran, name war... None

3.(a) FULL NAME

Mrs. Rhoda Ann Lewis

3.(b) Social Security Number

504-303-173

4. Sex 5. Color or race 6.(a) Single, married, or divorced

Female White Married6.(b) Name of husband or wife... Robert F.6.(c) If alive, give age 73 years7. Birth date of deceased (mo., day, yr.) October 14 18738. AGE: Years Months Days If less than one day
72 7 28 hrs. min.9. Birthplace Rockdale Wash. Co. Md.
(Town, county, and state)10. Usual occupation... Housewife11. Industry or business Own Home12. Name... Henry Lumm13. Birthplace... Rockdale Md.14. Maiden name... Sarah Hose15. Birthplace... Rockdale Md.16. Informant... Robert F. LewisAddress Hagerstown Md.17. Burial Date thereof 6/15/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rose Hill CemeteryLocation Hagerstown Md.18. Funeral director... Andrew K. CoffmanAddress Hagerstown Md.19. June 15 46 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... June 12 1946 19... at... 9 A21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7-1-45 to 6-12-46 and that I last saw him alive on 6-11-46 19...

Immediate cause of death... DURATION

Coronary Disease 2 yrs

Due to...

Due to...

Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations...

Date of op.

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of ...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... W. S. Ditt M. D. or otherAddress Hagerstown Md. Date signed 6/15/46

STANDARD INDUSTRIAL PAPER CO.

1100

STANDARD INDUSTRIAL PAPER CO.

Standard

STANDARD LEADER

STANDARD CONTENT

RECEIVED
JUN 18 1946
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

Dr. Yeager

06315

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 24 years

Hospital, institution, or street address where death occurred:

826 Mulberry AveHow long in hospital or institution? None

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 826 Mulberry Ave
 (If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

Mrs. Catherine Reichard Lindsay

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Married6. (b) Name of husband or wife Guy7. Birth date of deceased (mo., day, yr.) August 16 1870 6. (c) If alive, give age 76 years8. AGE: Years Months Days If less than one day
75 10 4 hrs. min.9. Birthplace Rosedale Line Co. Kansas
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Own Home12. Name Elder Eli Yourtee13. Birthplace Brownsville Md.14. Maiden name Susan Long15. Birthplace Fairplay Md.16. Informant Mr. Guy LindsayAddress Hagerstown Md.17. Burial Date thereof 6/22/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rest Haven CemeteryLocation Hagerstown Md.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.19. June 22 1946 Chas. Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1946 19. at 10 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 20, 1946 to June 20, 1946 and that I last saw him or alive on June 19, 1946Immediate cause of death Hyperbolic Cordiac Disease

DURATION

Oct. 1937Due to Cholelithiasis
Pt. Hemiplegia5-6-425-6-42

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. —Autopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE W. Howard Yeager M. D. or otherAddress Hagerstown Md. Date signed June 21, 1946

RECEIVED
JUN 25 1946
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 482

CERTIFICATE OF DEATH

06316

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 41 Years
 Hospital, institution, or street address where death occurred:
233 Fredrick St.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 233 Fredrick St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Fannie M. Martz

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, or divorced Widowed

6. (b) Name of husband or wife Clayton Martz
 6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Sept. 11, 1865

8. AGE: Years 80 Months 9 Days 15 If less than one day _____ hrs. _____ min.

9. Birthplace Boonsboro, Fred. Co. Md.
 (Town, county, and state)

10. Usual occupation Home Duties

11. Industry or business

12. Name Isaac Kline
 13. Birthplace Washington Co. Md.

14. Maiden name Susan Miller
 15. Birthplace Fredrick Co. Md.

16. Informant Roger E. Haynes
 Address 108 E. Washington St. Hagerstown, Md.

17. Burial Date thereof June 29, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Boonsboro Cemetery
 Location Boonsboro, Maryland.

18. Funeral director Fred W. Kraiss
 Address Hagerstown, Maryland.

19. June 29, 46 Chas. Bowers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26, 1946 19 5:45 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 19 45 to June 26 19 46
 and that I last saw her alive on June 26 19 46

Immediate cause of death Carcinoma of cervix with vaginal hemorrhage

DURATION 3 yrs

Due to _____
 Due to _____

Other conditions Pelvic metastasis of cervical carcinoma. Chronic myocarditis with congestive failure
 (Include pregnancy within 3 months of death)

Indef

Major findings of operations _____
 Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE B. S. Shively M. D. or other _____
 Address 148 W. Washington St. Date signed 6/27/46

41533

1946
1865
90

9

RECEIVED
JUL 2 1946
BUREAU V.C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

CERTIFICATE OF DEATH

06317

★ Reg. Dist. No. 303

1. PLACE OF DEATH:

County.....**Washington**
City or town.....**Hagerstown, Maryland**
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?.....**50 years**
Hospital, institution, or street address where death occurred:
342 South Street
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State.....**Maryland** County.....**Washington**
City or town.....**Hagerstown**
(If outside city or town limits, write RURAL and give nearest town)
Street No.....**342 South Street**
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

Jacob B. Miller

3. (b) Social Security Number

220-09-7342

4. Sex.....**Male** 5. Color or race.....**White** 6.(a) Single, married, widowed, or divorced.....**Married**
6.(b) Name of husband or wife.....**Naomi V. Miller** 6.(c) If alive, give age.....**39** years
7. Birth date of deceased (mo., day, yr.).....**August 8, 1875**
8. AGE: Years.....**70** Months.....**10** Days.....**9** If less than one day..... hrs. min.

9. Birthplace.....**Falling Water, W. Va.**
(Town, county, and state)

10. Usual occupation.....**Painter**

11. Industry or business

12. Name.....**Joseph Miller**
13. Birthplace.....**Pittsburgh, Pa.**
14. Maiden name.....**Anna Boward**
15. Birthplace.....**Hagerstown, Maryland**

16. Informant.....**Mrs. Jacob B. Miller**
Address.....**Hagerstown, Maryland**

17. **Burial** Date thereof.....**6-19-46**
(Burial, cremation, or removal. Which?)..... (month) (day) (year)
Cemetery or crematory.....**Rose Hill Cemetery**
Hagerstown, Maryland
Location.....

18. Funeral director.....**C. M. Suter & Sons**
Address.....**Hagerstown, Maryland**

19. **June 18, 1946** Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH.....**6/17/46** 19..... at **2:00 A.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6/17/46 19..... to **6/17/46** 19.....
and that I last saw him alive on **6/17/46** 19.....

Immediate cause of death.....**generalized arteriosclerosis** DURATION.....**7**

Due to.....**Senility**

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....
Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....
Means of injury..... Injured at work?

23. SIGNATURE.....**Robert V. Campbell M.D.** M. D. or other
Address.....**145 W. Washington St.** Date signed.....**6/17/46**

MARGIN RESERVED FOR BINDING

VS A15

9.45.11

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 21 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 20 years

Hospital, institution, or street address where death occurred

Washington County HomeHow long in hospital or institution? 1 month

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. Washington County Home

(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Susan Miller

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

8. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) June 22, 1870

6. (c) If alive, give age _____ years

8. AGE: Years 75 Months 11 Days 29
If less than one day _____ hrs. _____ min.9. Birthplace Keedysville Wash. Md.
(Town, county, and state)10. Usual occupation None11. Industry or business None12. Name Jacob Miller13. Birthplace Washington County. Md.14. Maiden name Barbara Lantz15. Birthplace Washington County Md.16. Informant Mrs. Denver KretzerAddress Hagerstown Md.17. Burial Date thereof June 22, 1946
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Fairview CemeteryLocation Keedysville Md.18. Funeral director Scott F. Minnich & SonAddress Hagerstown Md.19. June 22 46 Blanch Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 46 at 12:15a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 27 19 46 to June 21 19 46and that I last saw her alive on June 20 19 46

Immediate cause of death _____

DURATION

Pulmonary Edema 6 hrs.Due to Carcinoma stomach &intestines & liver ?Due to Secondary Anemia ?

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operation _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Ernest H. Probst M.D.Address Hagerstown, Md. Date signed 6/26/46

RECEIVED

JUN 25 1946

BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

06319

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Washington County HomeHow long in hospital or institution? 3 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wash.City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3.(a) FULL NAME

Charles Lewis Mullenix

3.(b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Mary Mullenix

7. Birth date of deceased (mo., day, yr.) January 10, 1866 8.(c) If alive, give age _____ years

8. AGE: Years 80 Months 6 Days 6 If less than one day _____ hrs. _____ min.

9. Birthplace Chambersburg-Franklin-Penna
(Town, county, and state)

10. Usual occupation Retired Yard Engineer11. Industry or business N. & W. R. R.12. Name John S. Mullenix13. Birthplace Chambersburg, Penna14. Maiden name Unknown15. Birthplace N16. Informant Mr. Walter MullenixAddress Va. Ave. Hagerstown, Md.

17. Burial Date thereof June 18, 1946
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Rose-HillLocation Hagerstown, Md18. Funeral director R. I. EarnshawAddress Keedysville, Md

19. June 17 46 Registrar Beauregard Powers
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 19 46 12:30A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1 19 46 to June 16 19 46
 and that I last saw him alive on June 5th 19 46

Immediate cause of death _____ DURATION

Due to Coronary Occlusion 24 hrs

Due to Atherosclerosis 5 yrs

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Ernest F. Goodenall M. D. or other

Address Hagerstown Md. Date signed 6/17/46

MARGIN RESERVED FOR BINDING

VS A15 9-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 19 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

CERTIFICATE OF DEATH

★ 66320

Reg. Dist. No. 302

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Washington Co. Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Big Pool
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Albert H. Mummert

3. (b) Social Security Number

213-16-0207

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

Dec. 19, 1896

8. AGE:

Years

49

Months

6

Days

9

If less than one day

hrs.

min.

9. Birthplace Clearspring, Wash. Co. Md.
(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

FATHER
MOTHER

12. Name

John Mummert

13. Birthplace

Washington Co. Md.

14. Maiden name

May W. Schmyer

15. Birthplace

Washington Co. Md.

16. Informant

Irvin Mummert

Address

Clearspring, Md. - R.F.D.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

July 1, 1946
(month) (day) (year)

Cemetery or crematory

Shanktown Cemetery

Location

Shanktown, Maryland.

18. Funeral director

Snyder - Rowland

Address

Clearspring, Maryland.19. July 1

(Date rec'd by registrar)

19 46Charles H. Bowers
RegistrarMEDICAL CERTIFICATION EDST20. DATE OF DEATH June 28, 19 46, at 2:15 P.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

19 _____, to 19 _____

and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death

coronary arteriosclerosis
Coronary occlusion acute

DURATION

1 yr

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op. _____

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of _____

Where did injury occur? _____

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work?

DEPUTY MEDICAL EXAM.

23. SIGNATURE

A. Robert & Sons

M. D. _____

Address Hagerstown, Md.Date signed 6/29/46

RECEIVED
JUL 3 1946
BUREAU V.A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
City or town Cearfoss
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Washington
City or town Cearfoss
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2(a) If veteran, name war _____

3. (a) FULL NAME

Walter Brant Myers

3. (b) Social Security Number

705-10-6595

4. Sex Male 5. Color or race W 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife Catherine Coasey
6. (c) If alive, give age 46 years
7. Birth date of deceased (mo., day, yr.) Sept. 23, 1895
8. AGE: Years 50 Months 8 Days 8 It less than one day _____ hrs. _____ min.

9. Birthplace Penna.
(Town, county, and state)
10. Usual occupation Laborer
11. Industry or business W.M.R.R.
12. Name Peter Myers
13. Birthplace Penna.
14. Maiden name Francis Schaffer
15. Birthplace Penna.

16. Informant Mrs. Catherine Myers
Address Cearfoss

17. Burial Date thereof 6-5-46
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Broadfording
Location Cearfoss

18. Funeral director Jacob H. Peters
Address Greencastle, Penna.

19. June 3 19 46 Chas. H. Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 - 1946 at 9 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-1-46 to June 1-46 and that I last saw him alive on May 31-46

Immediate cause of death _____

DURATION 2 yrs
Due to Cerebral Arteriosclerosis

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE J. H. Bowers M. D. or other _____

Address Hagerstown Date signed 6/3/46

MARGIN RESERVED FOR BINDING

VS A15 9.45.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 5 1946

BUREAU V. L.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (743)

CERTIFICATE OF DEATH

Dr. Victor Miller

06322

Reg. Dist. No. 302

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 Week

Hospital, institution, or street address where death occurred:

Washington County HospitalHow long in hospital or institution? 1 week

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 175 Summit Ave
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

William Lawrence Neibert

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Nophia6. (c) If alive, give age 63 years7. Birth date of deceased (mo., day, yr.) April 7 1878

8. AGE: Years Months Days If less than one day

68213

hrs. min.

9. Birthplace Broadfording Wash. Co. Md.
(Town, county, and state)10. Usual occupation Janitor11. Industry or business Evangelical Church12. Name John H. Neibert13. Birthplace Broadfording Md.14. Maiden name Ida Statler15. Birthplace New Salem Md.16. Informant Mrs. Nophia NeibertAddress Hagerstown Md.17. Burial Date thereof 6/23/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rose Hill CemeteryLocation Hagertown Md.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.19. June 22 1946 Registrar Charles Brown
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1946 19 46 at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 19 46 to June 20 19 46
and that I last saw him alive on June 19 19 46

Immediate cause of death

Coronary occlusion 7 hours
(hypertension) 1 day

Due to

Swelling of Bladder

Due to

From Path. Lab. report

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Victor Miller M. D. or otherAddress 175 Summit Ave Date signed 6/26/46

RECEIVED

JUN 25 1946

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1700

CERTIFICATE OF DEATH

06323

92

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 days
Hospital, institution, or street address where death occurred: Washington County Hospital
How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Washington
City or town Appleton Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No. B. Boushoro Md. R. 2
(If rural, give LOCATION)
2(a) If veteran, name war None

3. (a) FULL NAME

Arbitus Pauline Nety

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single
6. (b) Name of husband or wife Single
6. (c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) December 18 - 1938
8. AGE: Years 7 Months 5 Days 13 If less than one day _____ hrs. _____ min.

9. Birthplace near Boushoro Wash. Co. Md.
(Town, county, and state)

10. Usual occupation None

11. Industry or business at home

12. Name William E. Nety

13. Birthplace Boushoro Wash. Co. Md.

14. Maiden name Guainta Thomas

15. Birthplace Kidzilly Wash. Co. Md.

16. Informant William E. Nety

Address Boushoro Md. R. 2

17. Burial Date thereof Jun - 4, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Boushoro Cemetery

Location Boushoro Md.

18. Funeral director Wm J. Bacht & Sons

Address Boushoro Md.

19. June 1 19 46 Charles Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

EDT

20. DATE OF DEATH June 1 1946 at 1:40 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to _____ 19 _____

and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death _____

Due to Fracture both femurs 2 1/2 hrs
(closed)

Due to Shock

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of May 30 '46

Where did injury occur? Boushoro Wash. Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where)? Rd. 1 mi. So.

Means of injury Struck by auto Injured at work? _____

DEPUTY MEDICAL EXAM.

23. SIGNATURE S. Robert Wells WASH. CO., MD.

Address Hagerstown Md. Date signed June 1 - 46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 5 1946

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6324

Reg. Dist. No. 316

1. PLACE OF DEATH:

County Washington
 City or town near Ridgeville Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 79 years
 Hospital, institution, or street address where death occurred
Ridgeville M. R. I.
 How long in hospital or institution? at home

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residences of mother)
 State Maryland County Washington
 City or town near Ridgeville Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Ridgeville Md. R. I.
 (If rural, give LOCATION)
 2.(a) If veteran, name war none

3. (a) FULL NAME

William Henry Nunamaker

3. (b) Social Security Number

none

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Clara M. Nunamaker

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) October 16 - 1863

8. AGE: Years 82 Months 7 Days 21 If less than one day _____ hrs. _____ min.

9. Birthplace Beaver Creek Wash. Co. Md.
 (Town, county, and state)

10. Usual occupation Retired Miller

11. Industry or business

12. Name Reason Nunamaker

13. Birthplace Beaver Creek Wash. Co. Md.

14. Maiden name Elinabeth Hoffman

15. Birthplace Mt. Rain Wash. Co. Md.

16. Informant Mrs. Clara M. Nunamaker

Address Ridgeville Md. R. I.

17. Burial Date thereof June 10, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Boonsboro Cemetery

Location Boonsboro Md.

18. Funeral director Wm. J. Best & Sons

Address Boonsboro Md.

June 10 1946 R. J. Greeting
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1946 at 9 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 5 1946 to June 7 1946 and that I last saw him alive on June 7 1946

Immediate cause of death Chronic Myocarditis.

DURATION

5 yrs

Due to Essential Hypertension

10 yrs

Due to _____

Other conditions _____

 (Includes pregnancy within 3 months of death)

Major findings of operations _____

 Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. J. Best M. D.

Address Boonsboro Date signed 6/9/46

RECEIVED

JUN 11 1946

BUREAU V S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

★ 06325

Reg. Dist. No. 302

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 days

Hospital, institution, or street address where death occurred:

W. Franklin St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State W. Va. County HardyCity or town Mocrefield

(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Statton Ray Curs

3. (b) Social Security Number

236-12-47954. Sex Male5. Color or race White6. (a) Single, married, widowed, or divorced MarriedB. (b) Name of husband or wife Myrtle Curs

B. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) March 21, 18928. AGE: Years 54 Months 2 Days 21 If less than one day _____ hrs. _____ min.9. Birthplace Grant County, W. Va.

(Town, county, and state)

10. Usual occupation Teacher (Elementary) Laborer

11. Industry or business

12. Name George E. Curs13. Birthplace Grant County, W. Va.14. Maiden name Sallie E. Bond15. Birthplace W. Va.16. Informant Mrs. Myrtle CursAddress Mocrefield, W. Va.17. Burial Date thereof June 15-46

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Ebenezer CemeteryLocation Romney, W. Va.18. Funeral director Fred W. KraissAddress Hagerstown, Md.19. June 13 19 46 Phasht Bours

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

EDT

2D. DATE OF DEATH June 12, 1946 10:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____, to _____ 19 _____

and that I last saw him alive on _____ 19 _____

Immediate cause of death _____

DURATION

Generalized vascular arteriosclerosisDue to angina pectoris 10 mo.Due to chr. myocarditis & infarction 10mo.Other conditions acute cerebral thrombosis

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

DEPUTY MEDICAL EXAM.

23. SIGNATURE S. R. K. & W. K. WASH. CO., MD.Hagerstown, Md. M. D. or _____Address _____ Date signed June 12/46

RECEIVED
JUN 15 1946
BUREAU V.B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

CERTIFICATE OF DEATH

06326

Reg. Diat. No. 302

1. PLACE OF DEATH

County Washington
City or town near Beane Creek Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
Hagerston Md. R.I.
How long in hospital or institution? at home

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Washington
City or town Beane Creek Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No. Hagerston Md. R.I.
(If rural, give LOCATION)
2.(a) If veteran, name war None

3. (a) FULL NAME

C. R. Paulsgrove

3. (b) Social Security Number

None

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Male White married

6.(b) Name of husband or wife Buelah Paulsgrove

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) May, 8, 1894

8. AGE: Years Months Days If less than one day
52 1 20 _____ hrs. _____ min.

9. Birthplace Beane Creek Wash. Co. Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Own Farm

12. Name Christian Paulsgrove

13. Birthplace Welsh Run Penna

14. Maiden name Hannah Frey

15. Birthplace Leitersburg Wash. Co. Md

16. Informant Mrs. Buelah Paulsgrove

Address Hagerston Md.

17. (Burial, cremation, or removal. Which?) Burial Date thereof June 30, 1946
(month) (day) (year)

Cemetery or crematory Beane Creek Cemetery

Location Beane Creek Md.

18. Funeral director Wm. J. Bart & Sons

Address Boonsboro Md.

19. June 28 19 46 Chas. Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 19 46 at 6 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 26 19 46 to June 28 19 46

and that I last saw him alive on June 28 19 46

Immediate cause of death Coronary Occlusion

DURATION 3 1/2 hrs

Due to arterio sclerosis 2 yrs

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE E. G. H. Ocker M. D. or other _____

Address Leitersburg Date signed 6/28/46

MARGIN RESERVED FOR BINDING

VS A15 9.45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

RECEIVED BY THE BUREAU OF THE ARMY

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RECEIVED
JUL 2 1946
BUREAU V E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Wade.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

CERTIFICATE OF DEATH

06330

Reg. Dist. No. 305

1. PLACE OF DEATH:

County... Washington
 City or town... Bonsbro
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 months
 Hospital, institution, or street address where death occurred:
Church St.
 How long in hospital or institution? at home

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Washington
 City or town... Mount Grove
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... Mount Grove Md.
 (If rural, give LOCATION)
 2.(a) If veteran, name war... None

3.(a) FULL NAME

Laura Virginia Reeder

3.(b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife A. Grant Reeder
 6.(c) If alive, give age... years
 7. Birth date of deceased (mo., day, yr.) August 25, 1867
 8. AGE: Years 78 Months 10 Days 0 It less than one day
 hrs. min.

9. Birthplace near Mount Grove Wash. Co. Md.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business at home

12. Name Jessie Paffenbarger

13. Birthplace Mount Grove Wash. Co. Md.

14. Maiden name Mary Catherine Dick

15. Birthplace Mt. Line Wash. Co. Md.

16. Informant Clarence Reeder

Address Bonsbro Md.

17. (Burial, cremation, or removal. Which?) Burial Date thereof June 27, 1946
 (month) (day) (year)

Cemetery or crematory Mount Grove Cemetery

Location Mount Grove Wash. Co. Md.

18. Funeral director Wm. J. East & Sons

Address Bonsbro Md.

19. June 27, 1946 John H. East
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1946 at 4:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 20 1946 to June 25 1946

and that I last saw her alive on June 24, 1946

Immediate cause of death Cerebral Hemorrhage DURATION 2 mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Richard Wade M.D. M. D. or other

Address Bonsbro Md. Date signed 6/25/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (832)

CERTIFICATE OF DEATH

06327

Reg. Dist. No. 302

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? About thirty years

Hospital, institution, or street address where death occurred:

61 East Franklin Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 61 East Franklin Street
(If farm, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Agnes Lee Pettit

3.(b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Williams C. Pettit6.(c) If alive, give age 23 years

7. Birth date of

deceased (mo., day, yr.)

January 8, 1875

8. AGE:

Years 71Months 5Days 16

If less than one day

hrs. min.

9. Birthplace Williamsport, Wash., Maryland.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name David Harsh13. Birthplace Williamsport, Maryland.14. Maiden name Malinda Wilson15. Birthplace Williamsport, Md.16. Informant William C. PettitAddress 61 East Franklin St., Hagerstown17. Burial Date thereof June 28, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Greenlawn CemeteryLocation Williamsport, Maryland.18. Funeral director Edith V. LeafAddress Williamsport, Maryland19. June 27, 1946 Phar H. Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 19 46 at 7:45 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1, 1946 to June 24, 1946
and that I last saw him alive on June 24, 1946

Immediate cause of death

Cerebral hemorrhage

DURATION

3 weeksDue to Hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Hagerstown Date signed 6/26/46

RECEIVED

JUL 1 1946

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13)

CERTIFICATE OF DEATH

Dr. Conrad

06328

Reg. Dist. No. 305

1. PLACE OF DEATH:

County Washington
 City or town Breathedsville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 8 months
 Hospital, institution, or street address where death occurred:
Md. State Reformatory for Males
 How long in hospital or institution? 8 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 12 East Lafayette St.
 (If rural, give LOCATION)
 2. (a) If veteran, name war World War # 2 Navy

3. (a) FULL NAME

Carl Raymond Phelps

3. (b) Social Security Number

235-30-9742

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Single

6. (b) Name of husband or wife

6. (c) If alive, give age - years7. Birth date of deceased (mo., day, yr.) June 3 19258. AGE: Years Months Days If less than one day
21 1 24 hrs. min.9. Birthplace Buffalo Shelby Co. Ohio
(Town, county, and state)10. Usual occupation Cook11. Industry or business Restaurant12. Name Robert Phelps13. Birthplace No Record14. Maiden name Georgia Howell15. Birthplace Harold Ky.16. Informant Md. State Reformatory for MalesAddress Breathedsville Md.17. Burial Date thereof June 30, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Davy Cemetery.Location Davy, W. Virginia.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.19. June 28, 46 John H. Bick
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1946 19 at 3.15 A21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 5 19 46 to June 27 19 46
and that I last saw him alive on June 27 19 46

Immediate cause of death

DURATION

Pulmonary Tuberculosis1 yr.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Robert P. Conrad, M.D.
Hagerstown, Md. M. D. or other
Address Date signed 6-28-46

RECEIVED
JUL 3 1946
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 20

CERTIFICATE OF DEATH

Reg. Dist. No. 66329 302

1. PLACE OF DEATH:

County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 30 years
Hospital, institution, or street address where death occurred:
27 W. Antietam Street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 315 N. Potomac St
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME

Nicholas Powers

3.(b) Social Security Number

214-09-7303

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Florence Virginia Powers

7. Birth date of deceased (mo., day, yr.) November 25, 1887
B.(c) If alive, give age _____ years

8. AGE: 58 Years 6 Months 26 Days If less than one day _____ hrs. _____ min.

9. Birthplace Westernport- Allegheny- Md.
(Town, county, and state)

10. Usual occupation Plumber

11. Industry or business

12. Name Frank Powers

13. Birthplace Allegheny County, Md.

14. Maiden name Eliza Jane Easton

15. Birthplace Allegheny County, Md.

16. Informant Roy N. Powers

Address 315 N. Potomac St- Hagerstown, Md.

17. Burial Date thereof June 23-46
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Paul's Cemetery

Location Route 40 W. Hagerstown, Md.

18. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

19. June 23, 1946
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19, 1946 10 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____, to _____ 19 _____

and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death _____

Chr. vascular hypertension 6yrs

Due to Chr. myocarditis 3yrs

Due to acute cerebral hemorrhage

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE S. Robert Wells DEPUTY MEDICAL EXAMINER

Address Hagerstown, Md. Date signed 6/21/46

MARGIN RESERVED FOR BINDING

VS A15 9-45-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 25 1946

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 years

Hospital, institution, or street address where death occurred:

1018 Potomac Avenue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1018 Potomac Street

(If rural, give LOCATION)

2.(d) If veteran, name war

3. (a) FULL NAME

George D. Reynolds

3. (b) Social Security Number

214-09-1973

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

8.(b) Name of husband or wife Pearl F. Reynolds

8.(c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) February 20, 1878

8. AGE: Years Months Days If less than one day

68

3

29

hrs. min.

9. Birthplace Shippensburg, Pa.

(Town, county, and state)

10. Usual occupation Retired

11. Industry or business Geo. D. Reynolds Co.

12. Name Benjamin Reynolds

13. Birthplace Tyrone, Pa.

14. Maiden name Mary M. Zellars

15. Birthplace Shippensburg, Pa.

16. Informant Mrs. Dorthea Kendrick

Address Hagerstown, Maryland

17. Burial Date thereof 6-21-46

(Burial, cremation, or removal; Which?) (month) (day) (year)

Cemetery or crematory Rest Haven Cemetery

Location Hagerstown, Maryland

18. Funeral director C. M. Suter & Sons

Address Hagerstown, Maryland

19. June 20 19 46 Chas H. Bowers

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 19 46 at 10 P. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

June 27 19 45 to June 18 19 46

and that I last saw h. in alive on June 18 19 46

Immediate cause of death

Coronary occlusion

DURATION

6/27/45
6/18/46

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE HL Porterfield M. D. or other

Address 136 W Washington Date signed 6/19/46

MARGIN RESERVED FOR BINDING

9.45.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

REC'D

JUN 22 1946

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 06332

1. PLACE OF DEATH:

County... WashingtonCity or town... Hagerstown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 26 Years

Hospital, institution, or street address where death occurred:

Raven HeightsHow long in hospital or institution? None

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... WashingtonCity or town... Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. Raven Heights
(If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (a) FULL NAME

George Washington Row

3. (b) Social Security Number

220-03-9445

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

MaleWhiteMarried8. (b) Name of husband or wife... Carrie8. (c) If alive, give age 68 years7. Birth date of deceased (mo., day, yr.) January 29 18738. AGE: Years Months Days If less than one day
73 4 21 hrs. min.9. Birthplace... Maugansville Wash. Co. Md.
(Town, county, and state)10. Usual occupation... Contractor11. Industry or business... M.P. Moller Organ Co.12. Name... John T. Row13. Birthplace... Maugansville Md.14. Maiden name... Catherine Koons15. Birthplace... Middleburg Md.16. Informant... Mrs. Walter RowAddress... Hagerstown Md.17. Burial Date thereof... 6/23/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory... Rose Hill CemeteryLocation... Hagerstown Md.18. Funeral director... Andrew K. CoffmanAddress... Hagerstown Md.19. June 22 1946 Black Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... June 20 1946 1946, at 5 n. p.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 5 1946 to June 20 1946
and that I last saw him alive on June 20 1946

Immediate cause of death...

Uremia

DURATION

June 15 - 1946

Due to...

Hypertensive Cardiovascular disease15 yrs

Due to...

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Sedney Novenstein M.D.

M. D. or other

Address... Hagerstown Md. Date signed 6/21/46

MARGIN RESERVED FOR BINDING

VS A15

9-45-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

RECEIVED

JUN 25 1946

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 722

CERTIFICATE OF DEATH

06333

Reg. Dist. No. 801

1. PLACE OF DEATH:

County Washington
City or town RURAL near St. James
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? About 35 years
Hospital, institution, or street address where death occurred:
R.F.D. near St. James Maryland
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Washington
City or town RURAL near St. James
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

Virginia Catherine (Stotler) Schamel

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife Charles H. Schamel
6.(c) If alive, give age 61 years
7. Birth date of deceased (mo., day, yr.) Feb. 28, 1884
8. AGE: Years 62 Months 3 Days 28 If less than one day _____ hrs. _____ min.

9. Birthplace White Hall, Wash. Co., Md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business John Stotler

12. Name John Stotler
13. Birthplace White Hall, Wash. Co., Md.

14. Maiden name Mary Elizabeth Needy
15. Birthplace White Hall, Wash. Co., Md.

16. Informant Charles H. Schamel
Address Rural near St. James

17. Burial Burial Date thereof June 28, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Greenlawn Cemetery
Location Williamsport, Maryland

18. Funeral director Edith V. Leaf
Address Williamsport, Maryland.

19. June 28 1946 Registrar Miss E. L. McElroy
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1946 at 8:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 12 1946 to June 25 1946
and that I last saw him alive on June 25 1946

Immediate cause of death myocarditis chronic
DURATION 2 years

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE _____ M. D. or other

Address Williamsport, Md Date signed 6/26/46

RECEIVED

JUL 1 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1860)

CERTIFICATE OF DEATH

Reg. Dist. No. 062502

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Washington County Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 401 West Franklin St.
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

John Edward Seyler

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 B.(b) Name of husband or wife Mae Seyler
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) February 1, 1860
 8. AGE: Years 86 Months 4 Days 11 If less than one day _____ hrs. _____ min.

9. Birthplace Clinton County, Penna.
 (Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Unknown
 13. Birthplace Unknown
 14. Maiden name Unknown
 15. Birthplace Unknown

16. Informant Mrs. Elsie Kitzmiller
 Address 114 N. Market St. Mechanicsburg, Pa.

17. Burial Date thereof June 15, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Mechincburg Cemetery
 Location Mechainburg, Penna.

18. Funeral director Fred W. Kraiss
 Address 139 N. Potomac St. Hagerstown, Md.

19. June 14 19 46
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12, 19 46 at 4:00 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 27 19 46 to June 12 19 46
 and that I last saw him alive on June 12 19 46

Immediate cause of death Stroke and Arteriosclerotic Heart Disease

DURATION

Due to Accidental fall, — fell down steps.
above.

Due to

Other conditions fracture, intertrochanteric 2 1/2 hrs.
left femur intertrochanteric
 (Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of March 27, 1946

Where did injury occur? Hagerstown Washington Maryland
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Accidental fall Injured at work?

23. SIGNATURE Philip M. Moshman M.D. or other

Address 159 W. Washington St. Hagerstown, Md. Date signed 6/14/46

RECEIVED
JUN 15 1945
BUREAU V &

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (281)

CERTIFICATE OF DEATH

06335

Reg. Dist. No. 302

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 yrs.

Hospital, institution, or street address where death occurred:

Washington County HospitalHow long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Haugansville

(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war _____

3.(a) FULL NAME

Gloria L. Smith

3.(b) Social Security Number

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife _____

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) May 5, 1944

8. AGE: Years Months Days If less than one day

216

.....hrs.min.

9. Birthplace Hagerstown, Wash. Co., Md.

(Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

12. Name Lewis W. Smith13. Birthplace Hagerstown, Maryland14. Maiden name Mary J. Kubert15. Birthplace Haugansville, Md.16. Informant Lewis W. SmithAddress Haugansville, Md.17. Burial Date thereof 6/12/46

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill CemeteryLocation Hagerstown, Maryland18. Funeral director C.M. Suter & SonsAddress Hagerstown, Maryland19. June 12 1946 Earl H. Bowers

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

E.D.S.T.A

20. DATE OF DEATH June 11 19 46 at 1:05 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19..... to19.....

and that I last saw himalive on19.....

Immediate cause of death _____

DURATION

Third degree burns 14 hrs

Due to _____

Due to _____

Other conditions Primary shock

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 6/12/46Where did injury occur Haugansville, Wash. Co., Md.

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home - Back yardMeans of injury Nothing caught fire Injured at work? No

DEPUTY MEDICAL EXAMINER

Robert Wells WASH. CO., MD

23. SIGNATURE _____

Address Hagerstown, Md.

M. D. on _____

Date signed 6/12/46

1945

UNITED STATES DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

Washington, D.C.

RECEIVED

RECEIVED

RECEIVED
JUN 14 1945
BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH

County... Washington
 City or town... Smithsburg md
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 26 yrs.Hospital, institution, or street address where death occurred: -How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... WashingtonCity or town... Smithsburg md
(If outside city or town limits, write RURAL and give nearest town)Street No. none
(If rural, give LOCATION)2.(a) If veteran, name war none

3. (a) FULL NAME

Bessie Esch. Winter Snyder

3. (b) Social Security Number

none4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife B. F. Snyder7. Birth date of deceased 2-12-1869 8. (c) If alive, give age 70 years8. AGE: Years 76 Months 9 Days 10 If less than one day - hrs. - min.9. Birthplace Smithsburg md
(Town, county, and state)10. Usual occupation Home Keeping

11. Industry or business

12. Name David J. Winter13. Birthplace Smithsburg md14. Maiden name Harrett B. Esch15. Birthplace Smithsburg md16. Informant B. F. SnyderAddress Smithsburg md17. Burial Date thereof 6-29-1946
(Burial, cremation, or removal of body) (month) (day) (year)Cemetery or crematory SmithsburgLocation Smithsburg Mch. Co md18. Funeral director Geo. B. HooverAddress Smithsburg md19. June 28 1946 Geo. W. Ferguson
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1946 at 6 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 14 1945 to June 27 1946and that I last saw him alive on June 27 1946Immediate cause of death Carcinoma of ovary DURATION 2 yrsDue to Carcinoma of ovaryDue to of Rt Breast 2 yrsOther conditions -

(Include pregnancy within 3 months of death)

Major findings of operations - Date of op. -Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -Where did injury occur? - (City or town) (County) (State)Injured at home, farm, industry, public place (where?) -Means of Injury - Injured at work? -23. SIGNATURE G. E. K. Miller M. D. or otherAddress Smithsburg Date signed 6/28/46

RECEIVED
JUL 1 1946
BUREAU V.A.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

CERTIFICATE OF DEATH

Dr. Lusby

06337

Reg. Dist. No. 302

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 Years

Hospital, institution, or street-address where death occurred:

37 East Antietam St.How long in hospital or institution? None

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 37 East Antietam St
(If rural, give LOCATION)2(a) If veteran, name war None

3. (a) FULL NAME

Mrs. Lydia Ann South

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Widow6. (b) Name of husband or wife Charles C.6. (c) If alive, give age - years7. Birth date of deceased (mo., day, yr.) January 1 18688. AGE: Years Months Days If less than one day
78 5 15 - hrs. - min.9. Birthplace Chewsville Was h. Co. Md.
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Own Home12. Name Andrew J. Gaylor13. Birthplace Beaver Creek Md.14. Maiden name Savannah Nunamaker15. Birthplace Keedysville Md.16. Informant Mrs. Violet SchildknechtAddress Hagerstown Md.17. Burial Date thereof 6/20/46
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rose Hill CemeteryLocation Hagerstown Md.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.19. June 19 1946 Registrar Chas. H. Bowers
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1946 19 46 at 9.30 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1 March 19 46 to 17 June 19 46
and that I last saw h. or alive on 17 June 19 46

Immediate cause of death

Arterio sclerotic cardio vascular
disease Seven
years

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE F. F. Lusby

M. D. or other

Address 230 N. B. LaneDate signed 19 June 46

RECEIVED

JUN 21 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06338

Reg. Dist. No. 302

1. PLACE OF DEATH:

County... Washington
 City or town... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 64 years
 Hospital, institution, or street address where death occurred:
331 S. Potomac St.
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Washington
 City or town... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 331 S. Potomac St.
 (If rural, give LOCATION)
 2. (a) If veteran, name war.....

3. (a) FULL NAME

Richard Martin Spielman

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Mary Smith Spielman
 7. Birth date of deceased (mo., day, yr.) Feby. 14, 1882
 8. AGE: Years 64 Months 4 Days 13 If less than one day
hrs.min.

9. Birthplace Washington County, Md.
 (Town, county, and state)
 10. Usual occupation Paper Hanger
 11. Industry or business

FATHER 12. Name David H. Spielman
 13. Birthplace Wash. Co., Md.
 MOTHER 14. Maiden name Susan Smith
 15. Birthplace W. Va.

16. Informant Mrs. Mary Spielman
 Address 331 S. Potomac St. Hagerstown,

17. Burial Date thereof June 29, 46
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Rose Hill Cemetery
Hagerstown, Md.
 Location

18. Funeral director Fred W. Kraiss
 Address Hagerstown, Md.

19. June 29, 46 L. H. Bowers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27, 1946 19 1:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19..... to19.....
 and that I last saw him.....alive on19.....

Immediate cause of death.....
Carcinoma of esophagus 1yr

Due to.....
 Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations July '45 as above
Date of op.

Autopsy results no
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
 Accident, suicide, or homicide no Date of
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE L. Robert Wells DEPUTY MEDICAL EXAM.
Hagerstown, Md. WASH. CO., MD.
 Address Date signed June 28, 46

RECEIVED
JUL 2 1956
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

06339

306

1. PLACE OF DEATH:

County WashingtonCity or town Near Smithsburg md
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 30 yrsHospital, institution, or street address where death occurred: —How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Near Smithsburg md
(If outside city or town limits, write RURAL and give nearest town)Street No. none
(If rural, give LOCATION)2.(a) If veteran, name war none

3. (a) FULL NAME

William F. Stevenson

3. (b) Social Security Number

none4. Sex Male5. Color or race White6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife no wife7. Birth date of deceased 11-17-18698. AGE: Years 76 Months 6 Days 7 If less than one day — hrs. — min.9. Birthplace Near Smithsburg md
(Town, county, and state)10. Usual occupation Farmer11. Industry or business —12. Name James Stevenson13. Birthplace Near Smithsburg14. Maiden name Hermitta Wenger15. Birthplace Near Smithsburg md16. Informant Pauline StevensonAddress Smithsburg md R.F.D.17. Burial Buried Date thereof 6-26-1946
(Burial, cremation, or removal. With?) (month) (day) (year)Cemetery or crematory Smithsburg CemeteryLocation Smithsburg Wash Co Md18. Funeral director Geo. B. HosmerAddress Smithsburg md19. June 25 1946 Date rec'd by registrarRegistrar W. L. Wolfinger

MEDICAL CERTIFICATION

EDT

20. DATE OF DEATH 24 June 1946 at 3:40 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 24 June 1946 to 24 June 1946and that I last saw him alive on 24 June 1946Immediate cause of death Coronary occlusion

DURATION

Due to —Due to —Other conditions Hyper tension
Generalized arteriosclerosis
(Include pregnancy within 3 months of death)Major findings of operations —Date of op. —Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of —Where did injury occur? — (City or town) (County) (State)Injured at home, farm, industry, public place (where?) —Means of injury — Injured at work? —23. SIGNATURE W. L. Wolfinger MDM. D. or other —Address Wagonsboro Pa Date signed 29 June 1946

JUL 1 1946

BUREAU V.A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH:

County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 35 years
Hospital, institution, or street address where death occurred:
Gateway Nursing Home
How long in hospital or institution? 4 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 347 West Side Avenue
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

George William Swartz

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Sellie Swartz

7. Birth date of deceased (mo., day, yr.) May 22, 1867 6. (c) If alive, give age years

8. AGE: Years 79 Months 0 Days 19 If less than one day hrs. min.

9. Birthplace Ridgeway, Virginia
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

12. Name James Swartz

13. Birthplace Virginia

14. Maiden name Unknown

15. Birthplace

16. Informant Stewart Swartz

Address 633 Wash. Ave. - Hagerstown, Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof June 12-46
(month) (day) (year)

Cemetery or crematory Rest Haven Cemetery
Hagerstown, Md.
Location

18. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

19. June 12, 46 Henry M. Folsom Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10, 1946 2:20 P. P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 3, 1945 to June 10, 1946
and that I last saw him alive on June 7, 1946

Immediate cause of death Chronic myocarditis with congestive failure

DURATION

Indef.

Due to

~~OTHER CONDITIONS~~ General arteriosclerosis

Indef

Other conditions Organic senile psychosis 4 yrs.

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B. S. Sherrill M. D.

Address 148 W. Washington St. Date signed 6/11/46

MARGIN RESERVED FOR BINDING

VS A15

9-45-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 10 1946
BUREAU V. A.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Wash CoCity or town Hagerstown Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

948 Mulberry Ave

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashCity or town Hagerstown Md.
(If outside city or town limits, write RURAL and give nearest town)Street No. 948 Mulberry Avenue
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

George Gideon Weinberg

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

B. (b) Name of husband or wife

8. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

Nov. 1 - 1960

8. AGE:

Years

Months

Days

If less than one day

85

hrs.

min.

9. Birthplace

Fredonia Md.
(Town, county, and state)

10. Usual occupation

Retired truck driver

11. Industry or business

W. F. Co. Trucking

FATHER

12. Name

John Henry Weinberg

13. Birthplace

Germany

MOTHER

14. Maiden name

Annie Sophia ?

15. Birthplace

Germany

16. Informant

Mrs. Floyd Strine

Address

Hagerstown Md.

17. Burial

June 18, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

St. Olaf

Location

Fredonia Md.

18. Funeral director

G. E. Gline & Son

Address

Fredonia Md.

19. Date rec'd by registrar

June 15, 46

Registrar

Chas. H. Brown

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15, 1946, at 8:30 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 14, 1946, to June 15, 1946and that I last saw him alive on June 15, 1946

Immediate cause of death

Coronary thrombosis

Due to

Due to

Other conditions Atherosclerosis

(Include pregnancy within 8 months of death)

Major findings of operations No operation

Date of op.

Autopsy results No autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Ra Bee

M. D. or other

Address Hagerstown Md. Date signed 6-15-46

MAINTAIN STATE DEPARTMENT HEALTH

CERTIFICATE OF DEATH

RECEIVED
JUN 18 1946
BUREAU V S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

CERTIFICATE OF DEATH

06342

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington County Hospital
 City or town Hagerstown, Md.
 (If outside city or town limits, write RURAL NEAR and give town)
 Street address, hospital, or institution: Washington County Hospital
 Stay in hospital or inst. (yrs., or mos., or days) 5 minutes
 Stay in this community (yrs., or mos., or days) 5 minutes

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Pennsylvania County Franklin
 City or town Waynesboro Ward No. _____
 (If outside city or town limits, write RURAL NEAR and give town)
 Street No. 36 Philadelphia Ave
 (If rural give LOCATION)
 2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME

Deery Eugene Wilders

3. (b) Social Security Number

4. Sex male Color or race white 6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife _____

6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) April 27, 1946

8. AGE: Years 1 Months 7 Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Waynesboro, Pa.
 (Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

12. Name Eugene T. Wilders

13. Birthplace Waynesboro, Pa.

14. Maiden name Charlotte Morgenthal

15. Birthplace Waynesboro, Pa. R. 4

16. Informant Eugene Wilders

Address Philadelphus Ave Waynesboro, Pa.

17. Burial Date thereof June 5, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Green Hill Cemetery

Location Waynesboro, Pa.

18. Funeral director Walter J. Lane

Address 271 Church St. Waynesboro, Pa.

19. June 4, 1946 Charles Bowers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

E.D.T.

20. DATE OF DEATH June 3, 1946 at 8:30 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 _____, to 19 _____

and that I last saw him alive on 19 _____

Immediate cause of death

atelectasis (partial) and

DURATION

birth

Due to acute broncho pneumonia 24 hrs.

Due to acute dilatation right

auricle

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

as above June 3 '46

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Dr. Robert Wells Deputy Med. Exam. Wash. Co. Md.

Address Hagerstown Md. Date signed 6/3/46

MARGIN RESERVED FOR BINDING

I

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

CERTIFICATE OF DEATH

RECEIVED
JUN 6 1946
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (7)

CERTIFICATE OF DEATH

06343

Reg. Dist. No. 302

1. PLACE OF DEATH: Washington
 County Hagerstown
 City or town Washington
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 50 yrs.
 Hospital, institution or street address where death occurred:
Washington Co. Hospital
 How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 52 Bloom Alley
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME John Williams

3. (b) Social Security Number

4. Sex Male 5. Color or race Negro 6. (a) Single, married, widowed, or divorced Widower
 6. (b) Name of husband or wife
 7. Birth date of deceased (mo., day, yr.) Jan. 5, 1880 6. (c) If alive, give age _____ years
 8. AGE: Years 66 Months 5 Days 15 If less than one day _____ hrs. _____ min.
 9. Birthplace Williamsport, Wash. Md.
 (Town, county, and state)
Laborer
 10. Usual occupation

11. Industry or business
 12. Name
 13. Birthplace
 14. Maiden name
 15. Birthplace

16. Informant George Bell
 Address 311 N. Potomac St.
 17. Burial Date thereof 6/24/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Race Hill Cemetery
Hagerstown, Md.
 Location

18. Funeral director William H. Downey
 Address 291 Frederick St. Hagerstown
June 24, 1946 Chas H Bowers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20, 1946 at 4 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 16, 1946 to June 20, 1946
 and that I last saw him alive on June 20, 1946
 Immediate cause of death malnutrition
generalized arteriosclerosis
 Due to
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)

DURATION

?

?

Major findings of operations
 Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 injured at home, farm, industry, public place (where?)
 Means of injury injured at work?

23. SIGNATURE H. H. Porterfield M.D.
 Address 136 W Washington St. Date signed 6/21/46
 M. D. or other

RECEIVED

JUN 26 1946

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 937

CERTIFICATE OF DEATH

06344

Reg. Dist. No. 302

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 25 yearsHospital, institution, or street address where death occurred:
1205 Virginia Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 1205 Virginia Ave.(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

Ira R Yost

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Florence A.7. Birth date of deceased (mo., day, yr.) July 2 1874
6. (c) If alive, give age 71 years8. AGE: Years 71 Months 11 Days 13 If less than one day
..... hrs. min.9. Birthplace Near Berkley Springs W.Va.
(Town, county, and state)10. Usual occupation Retired11. Industry or business Pangborn Corp.FATHER 12. Name Benjamin Yost
13. Birthplace Berkley Springs W.Va.MOTHER 14. Maiden name Hume
15. Birthplace Berkley Springs W.Va.16. Informant Mrs. Florence A. Yost
Address Hagerstown Md.17. Burial Date thereof June 17, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)
Luthern CemeteryCemetery or crematory Boonesboro Md.
Location18. Funeral director Scott F. Minnich & Son
Address Hagerstown Md.19. June 17 1946
(Date rec'd by registrar) Registrar Chas. Bowers

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 46 at 7:50a M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
..... 19....., 10....., 19.....
and that I last saw h..... alive on 19.....Immediate cause of death.....
Chr. myocarditis DURATION 1 yrDue to.....
acute coronary occlusion 2hrs

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of
no

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
Means of injury none Injured at work?23. SIGNATURE Robert M. Hulse DEPUTY MEDICAL EXAM.
Address Hagerstown, Md. WASH. CO., MD.
M. D. Hulse

Date signed.....

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 19 1946

BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Bell

06345

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 9 Days
 Hospital, institution, or street address where death occurred:
Washington County Hospital
 How long in hospital or institution? 9 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 28 South Locust St.
 (If rural, give LOCATION)
 2.(a) If veteran, name War None

3.(a) FULL NAME

Charles E. Young

3.(b) Social Security Number

214-09-3039

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Mary
 6.(c) If alive, give age 72 years
 7. Birth date of deceased (mo., day, yr.) June 3 1872
 8. AGE: Years 74 Months 0 Days 7 If less than one day
hrs. min.

9. Birthplace Greencastle Franklin Co. Pa.
 (Town, county, and state)
 10. Usual occupation Supervisor
 11. Industry or business D.A. Stickell Mill

MOTHER FATHER
 12. Name Hiram Young
 13. Birthplace Hagerstown Md.
 14. Maiden name Anna Stickell
 15. Birthplace Hagerstown Md.

18. Informant Mrs. Mary Young
 Address Hagerstown Md.

17. Burial Date thereof 6/12/46
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Rest Haven Cemetery
 Location Hagerstown Md.

18. Funeral director Andrew K. Coffman
 Address Hagerstown Md.

19. June 12 46 Registrar Chas. Bowers
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1946 1946 at 8:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 29, 1946, to June 10, 1946, and that I last saw him alive on June 9, 1946.
 Immediate cause of death

Cerebral thrombosis DURATION 10 days

Due to

Other conditions Atherosclerosis
Diabetes mellitus 3
 (Include pregnancy within 3 months of death)

Major findings of operations none

Autopsy results none
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Ra Bee M. D. or other
 Address Hagerstown, Md. Date signed 6/11/46

RECEIVED
JUN 14 1946
BUREAU U.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

CERTIFICATE OF DEATH

Dr. Ditto

Reg. Dist. No. 16346 302

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 7 months

Hospital, institution, or street address where death occurred:

Washington County HomeHow long in hospital or institution? 7 Months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. Hill Crest Nursing Home
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

Manassas Young

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widower6. (b) Name of husband or wife Ruth6. (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.)

October 11 1865

8. AGE:

Years

80

Months

8

Days

15

If less than one day

hrs. min.

9. Birthplace

Middletown Fred. Co. Md.

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Retired

FATHER

12. Name

Daniel Young

13. Birthplace

Middletown Md.

MOTHER

14. Maiden name

Sarah Smeltzer

15. Birthplace

Middletown Md.

16. Informant

Virgil B. Young

Address

Hagerstown Md.

17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof

6/28/46

(month) (day) (year)

Cemetery or crematory

Rest Haven Cemetery

Location

Hagerstown Md.

18. Funeral director

Andrew K. Coffman

Address

Hagerstown Md.

19.

June 27, 46
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1946 10:30 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1-1-44 to June 26 1946
and that I last saw him alive on June 26-46

Immediate cause of death

DURATION

Due to SenilityDue to arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

RECEIVED
JUL 1 1946
BUREAU V.S.